



Department of Health

Ministry of Health

Annual Report 2006 - 2007



Together... a healthy future
Ensemble... pour un avenir en santé



Ministry of Health

Annual Report

for the year ending March 31, 2007

For more information on this report, contact:
PO Box 2000, Charlottetown, PE, Canada, C1A 7N8
Tel: 902 368 5272 Fax: 902 368 4969
or visit our Web site at www.gov.pe.ca/health



2006-2007 Annual Report

Published by:

Department of Health
Province of Prince Edward Island
PO Box 2000
Charlottetown, PEI
Canada, C1A 7N8
May 2008

Cover:

Strategic Marketing and Graphic Design

Printing:

Document Publishing Centre

Available online at:

www.gov.pe.ca/health

Printed in Prince Edward Island

Message from the Minister



To the Honourable Barbara A. Hagerman
Lieutenant Governor of Prince Edward Island

May It Please Your Honour:

It is my privilege to present the Annual Report of the Ministry of Health for the fiscal year ended March 31, 2007.

Respectfully submitted,

Doug Currie

Doug Currie
Minister of Health

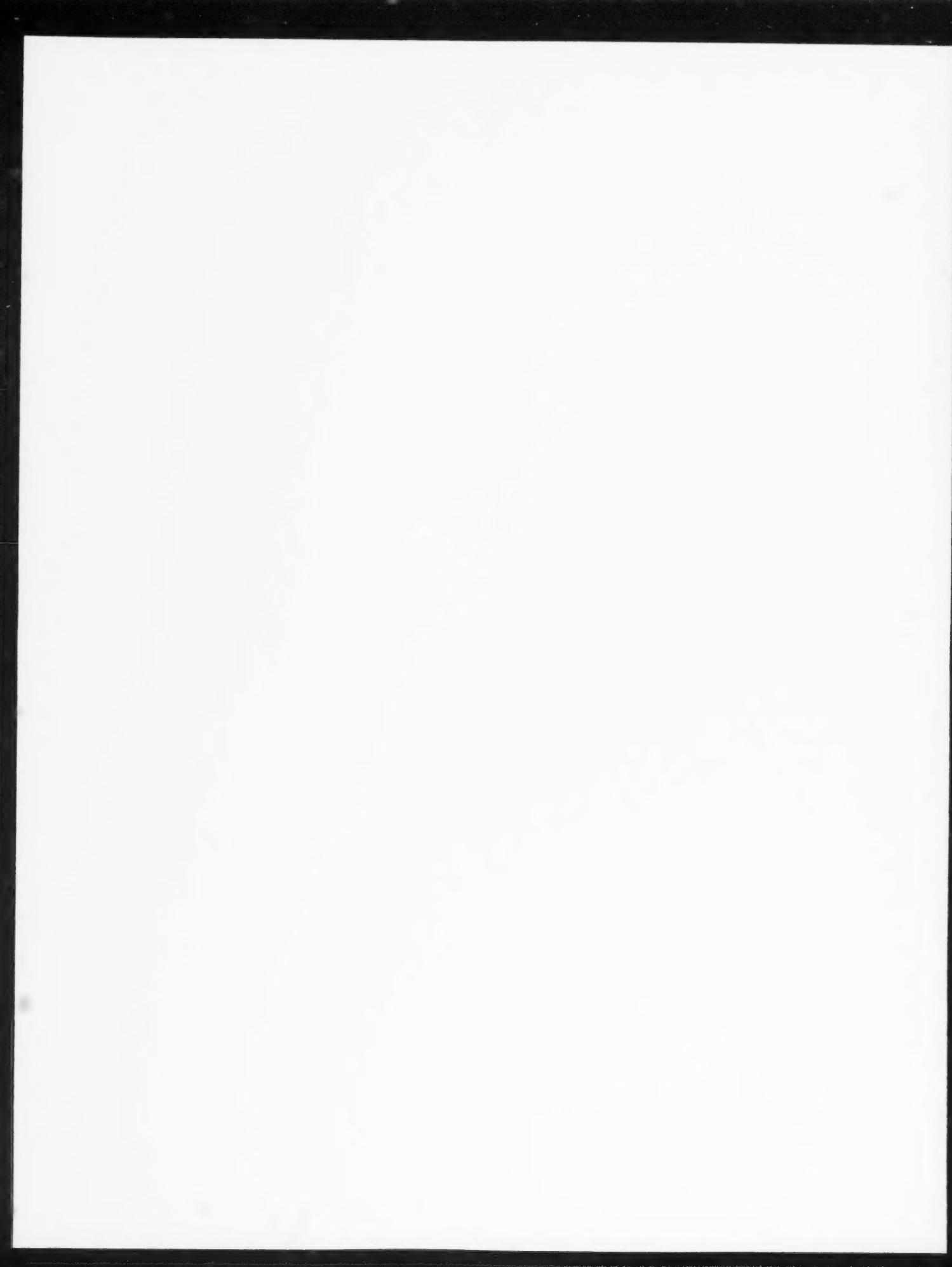
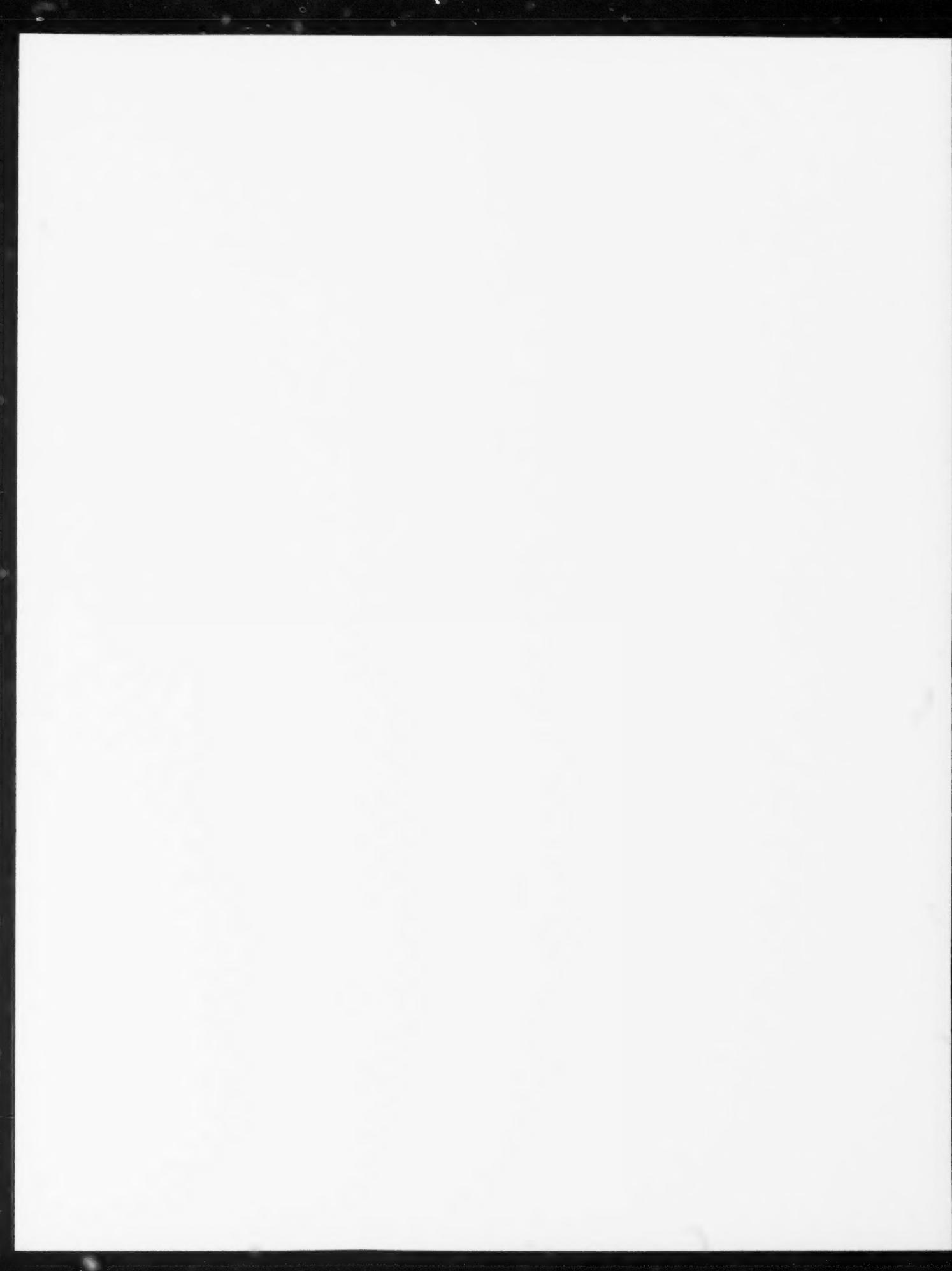


Table of Contents

Deputy Minister's Overview	1
Overview of Department of Health	3
Organizational Structure	4
Roles of Divisions	5
Community Hospital Authorities	8
Community Hospital Authority Interim Board Members	10
Year in Review	11
1. Health and Wellness of Islanders	12
Key Strategies & Initiatives	12
Results Achieved	23
2. Quality of Services	39
Key Strategies & Initiatives	39
Results Achieved	48
3. Health Workforce	50
Key Strategies & Initiatives	50
Results Achieved	55
4. Health System Efficiency, Effectiveness and Innovation	61
Key Strategies & Initiatives	61
Results Achieved	67
Legislative Responsibilities	69
Legislative Changes	71
Appendices	73
Appendix A - Summary of Expenditures	73
Appendix B - Revenue Summary	75



Deputy Minister's Overview



The Honourable Doug Currie
Minister of Health
Province of Prince Edward Island

Honourable Minister:

It is my pleasure to submit the 2006-2007 Annual Report for the health system. The information included in this report, including the organizational structure, is presented as of March 31st, 2007.

I am proud of our many accomplishments in 2006-2007 and would like to highlight some major achievements:

- The PEI Integrated Stroke Strategy was launched in August 2006 in partnership with the Heart and Stroke Foundation and it aims to reduce the impact of stroke among Islanders.
- The PEI Pandemic Influenza Contingency Plan for the Health Sector was released in December 2006. The plan outlines a number of strategies to deal with pandemic influenza including, for example, the use of public health measures such as public education, closing schools and limiting indoor public gatherings, and vaccination of the population.

- The Government of Prince Edward Island amended the *Long-Term Care Subsidization Act* and Regulations which significantly changed the way long term nursing care is funded and reduced the cost for all nursing home residents by approximately 50 percent.
- The Department of Health began work on a Youth Addictions Strategy to develop a comprehensive community-based service for youth with substance abuse/addictions.
- PEI signed an agreement with the federal government stating its commitment to establishing a patient wait time guarantee for radiation therapy services offered in PEI by 2010.

I am pleased with the progress we have made in the last year and I look forward to meeting future challenges as we work together towards improving the health status of all citizens on PEI.

Respectfully submitted,



Keith Dewar
Deputy Minister

Overview of Department of Health

The Prince Edward Island Ministry of Health is responsible for the delivery and administration of publicly funded health services in the province including: public health services, primary care, acute care, community hospitals and continuing care services. These services are delivered through a number of facilities and programs across the province.

The role of the Department of Health is to:

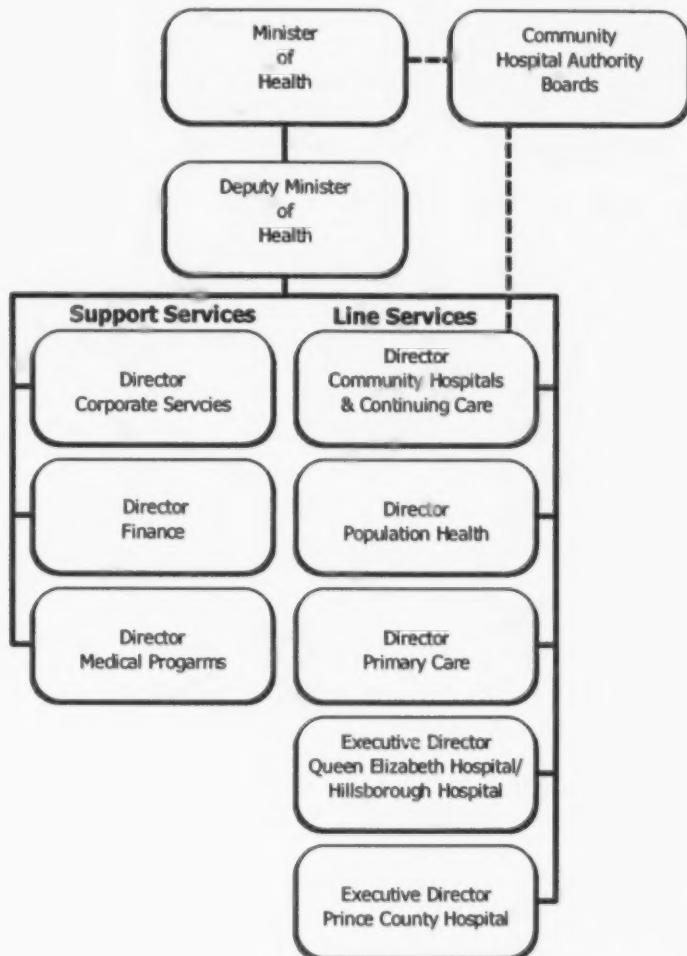
- Provide leadership in maintaining and improving the health and well-being of citizens;
- Provide leadership in innovation and continuous improvement and to provide specific high quality administration and regulatory services to the health system and Islanders;
- Provide high quality, client-centered health services consistent with community needs.

The Department of Health is overseen by a Minister of the Crown, who is accountable for departmental performance and results to the rest of government and citizens of the province. The department is managed by a departmental management committee comprised of a Deputy Minister and eight senior directors. Divisions of the department include: Corporate Services, Finance, Medical Programs, Primary Care, Population Health, Community Hospitals and Continuing Care, Prince County Hospital, and Queen Elizabeth Hospital and Hillsborough Hospital. This group is responsible for providing overall management direction to the department and for overseeing long term strategic planning.

In addition to the management structure, the five community hospitals are each governed by a board. The Community Hospital Authority Boards are accountable to the Minister and have a mandate to deliver programs and services offered through each of the community hospitals.

Organizational Structure

As of March 31st, 2007



Roles of Divisions

Direct Service Delivery (Line) Divisions

Queen Elizabeth Hospital and Hillsborough Hospital

This division is responsible for the delivery of medical, nursing , hospital and support services at the Queen Elizabeth Hospital (QEHS) and Hillsborough Hospital. Administratively, the Executive Director of QEHS/Hillsborough Hospital is responsible for this division and is a member of the Departmental Senior Management Team.

Prince County Hospital

This division is responsible for the delivery of medical, nursing , hospital and support services at the Prince County Hospital. Administratively, the Executive Director of Prince County Hospital is responsible for this division and is a member of the Departmental Senior Management Team.

Community Hospitals and Continuing Care

This division provides acute care services to rural communities and supportive services to adults and seniors in need of continuing care. Programs and facilities include five community hospitals, long term care, home care, palliative care, the Provincial Geriatrician Program, the PEI Dialysis Program, convalescent care, under 60 population care and Adult Protection. Administratively, the Director of Community Hospitals and Continuing Care is responsible for this division and is a member of the Departmental Senior Management Team.

Primary Care

This division provides primary health care services. Programs and facilities include Community Mental Health and Addictions (including the Provincial Addictions Treatment Facility), seven health centres, Public Health (including Public Health Nursing, Speech Language/Audiology, and Community Nutrition), Diabetes Education, and Healthy Living. Administratively, the Director of Primary Care is responsible for this division and is a member of the Departmental Senior Management Team.



Population Health

This division provides public health, health protection and regulatory services throughout the province. Programs and services include Environmental Health, Vital Statistics, Private Nursing Home/Community Care Inspection (including dietetic inspection), Communicable Disease Control and Immunization, and Health Emergency Preparedness. In addition, the division contains the Office of the Chief Health Officer and the Epidemiology Unit. The divisional Director is also the Director of Emergency Health Services pursuant to the Emergency Measures Act. Administratively, the Director of Population Health is responsible for this division and is a member of the Departmental Senior Management Team.

Corporate Support Services

Finance

This division is responsible for the financial planning, financial accounting and reporting, and materials management for the Department of Health. The financial planning section is responsible for the preparation and coordination of the Department of Health's budget ensuring the public funds are properly budgeted and monitored. This section provides support and advice in matters relating to financial management. The financial accounting and reporting section is responsible for the timely and accurate processing, administration, and reporting of accounts payable, account receivable, and payroll transactions. The material management section is responsible for the economical procurement of goods and services as well as inventory management. Administratively, the Director of Finance is responsible for this division and is a member of the Departmental Senior Management Team.

Medical Programs

This division is responsible for the delivery of medical programs and services which include the Provincial Medicare Program, physician services, physician referrals, physician recruitment and medical education, physician billing assessment and payment, Out-of-Province Liaison Program, air and ground ambulance, in-province and out-of-province medicare claims, medical technology assessment, Interprovincial Blood Services, and organ and tissue donation. Administratively, the Director of Medical Programs is responsible for this division and is a member of the Departmental Senior Management Team.

Corporate Services

This division provides leadership and support to the Department of Health in the areas of human resources/labour relations, communications, policy and evaluation, planning, results measurement, utilization of health services, quality and risk management, Freedom of Information and Protection of Privacy (FOIPP), records information management, legislation processes, French language services, accreditation and occupational health and safety. Administratively, the Director of Corporate Services is responsible for this division and is a member of the Departmental Senior Management Team.



Community Hospital Authorities

Together with the department, the health system includes five community hospital authorities which were created through the Community Hospitals Authorities Act, effective January 1, 2006. The five community hospital authorities are each governed by a Community Hospital Authority Board. The community hospital authorities (CHA) are as follows: the Souris CHA is responsible for Souris Hospital; the Montague CHA is responsible for Kings County Memorial Hospital; the Tyne Valley CHA is responsible for Stewart Memorial Hospital; the O'Leary CHA is responsible for Community Hospital; and the Alberton CHA is responsible for Western Hospital.

Responsibilities

Community Hospital Authority Boards

Each Community Hospital Authority Board is accountable to the Minister and has a mandate to deliver the programs and services offered through the community hospitals. Boards will be composed of elected members, with the exception of the current interim Board members who were appointed by the Minister.

The Community Hospital Authority Boards are responsible for:

- The operation and management of the community hospital;
- Meeting the regulations of the Community Hospital Authorities Act and Hospital Act;
- Identifying and prioritizing the health services needs of the community;
- Preparing an annual business plan;
- Holding a public meeting;
- Reporting on the facilities performance and results to the Minister and local communities.

Each Community Hospital Authority Board is accountable to the Minister and has a mandate to deliver the programs and services offered through the community hospitals.

Minister

The Minister is ultimately responsible for the administration of the Community Hospital Authorities Act. As such, the Minister has the authority to establish parameters and give directions to a community hospital authority in relation to planning, organization, management and delivery of health care services by the community hospital authority.

The Minister may:

- Establish annual performance targets with respect to:
 - Its development as an organization;
 - Its financial management;
 - Ensuring access to approved health services provided by the community hospital authority;
 - Achieving satisfactory patient outcomes;
 - The level of patient satisfaction with the approved health services; and
 - Any other matters prescribed by the regulations.
- Approve by-laws or policies of the community hospital authority.
- Appoint the Administrator after consultation with the Community Hospital Authority Board.



Community Hospital Authority Interim Board Members

Souris Community Hospital Authority

Walter Townshend, Acting Chair
Thelma MacDonald
Denis Thibodeau
Bill Rooney

Montague Community Hospital Authority

Michael Gallant, Chair
Sherry Kacsmarik, Vice Chair
Marion Trowbridge
Niall MacKay
Hugh Robins

Tyne Valley Community Hospital Authority

Lorraine Robinson, Chair
Susan Williams
Denis Marantz
Chief Darlene Bernard
Alan Lewis

O'Leary Community Hospital Authority

Allison Ellis, Chair
Thelma Sweet
Eileen McCarthy
Justin Rogers

Alberton Community Hospital Authority

Colleen Handrahan, Chair
Phyllis Porter
Claude Dorgan
Donna Crocker
David Cahill

Year in Review

Reporting Framework

The former strategic plan of the health and social services system (2001-2005) no longer reflects the structure and mandate of the new Department of Health, and the priorities, activities, and results of the new department are not fully aligned with the structure of the previous plan. Therefore, the former plan will no longer be used as the reporting framework.

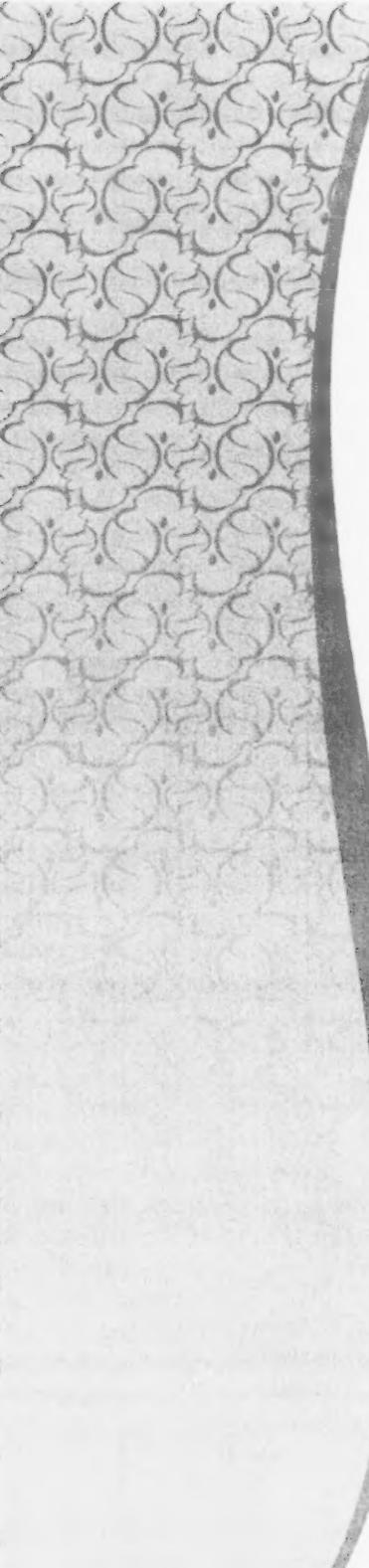
The reporting framework for the 2006-07 Annual Report reflects the context within which decisions were made during 2006-07 and is organized around four broad themes that encompass the key initiatives of the department. The four broad themes are:

1. Health and Wellness of Islanders
2. Quality of Services (includes access to services and patient safety)
3. Health Workforce (includes workplace health and safety and recruitment and retention)
4. Health System Efficiency, Effectiveness and Innovation

The Department of Health is working towards the creation of a new health system plan which will identify the priorities for the coming years. Once this plan is developed, it will be used as the basis for reporting results in the future.

The following sections highlight the progress achieved by the system in 2006-2007, in relation to each of the four broad themes. The key initiatives and results achieved for each theme are identified.

This report uses the most recent available data. Some data sources do not release new information annually. This may mean that information presented in this report may not have been updated from previous reports. On the other hand, data presented in this report may vary from previous annual reports due to differences in reporting (i.e. using age standardized data) or updated data being released from the respective source. Where possible, PEI results are compared to similar Canadian data to illustrate how our province is doing within a national context.



1. Health and Wellness of Islanders

Key Strategies & Initiatives

Strategy for Healthy Living

The Prince Edward Island Strategy for Healthy Living was launched in June 2003. The strategy enables government, community alliances and non-government organizations (NGOs) to work together to encourage Islanders to address three common risk factors for chronic disease: healthy eating, active living and reduction of tobacco use. The development, implementation and evaluation of the strategy is coordinated through a steering committee. Steering committee membership is comprised of provincial government departments of Health, Social Services and Seniors, Education, Community, Cultural Affairs and Labour, and Attorney General, federal and municipal governments, non-government organizations and the PEI Healthy Eating Alliance, the PEI Active Living Alliance and the PEI Tobacco Reduction Alliance.

Initiatives

Over this past year, several initiatives that contributed to the overall strategy were undertaken.

Healthy Living Coordinators

Regional Healthy Living Coordinators connected and worked with various partner organizations and members of the community to enhance existing programs, create new initiatives and develop supportive environments for healthy living.

Healthy Eating

The Department of Health continued to be actively involved in the implementation of the Healthy Eating Strategy which was developed and released by the PEI Healthy Eating Alliance in 2002. The goal of this strategy is to improve current eating behaviours of Island children and youth through nutrition education, promotion and by creating supportive environments.

Several initiatives were undertaken this past year to increase awareness and knowledge of good nutrition among parents and children:

- 2006 marked the implementation of nutrition policies for schools in the French Language School Board. Nutrition policies had previously been developed for elementary and consolidated schools in both the Eastern School District (ESD) and the Western School Board (WSB) in 2005.
- Work on the promotion of healthier school nutrition environments and the development of nutrition policies in intermediate and senior high schools has continued with funding support from the Department of Health.
- Monthly healthy eating tips were developed and distributed to elementary and consolidated schools. The tips consist of practical information to assist parents and children in making healthy life choices.
- The Access to Safe and Healthy Food Working Group continues to administer the Breakfast and Snack Programs in Island Schools. In 2006, there were 52 such programs in operation, up from 18 in 2003.

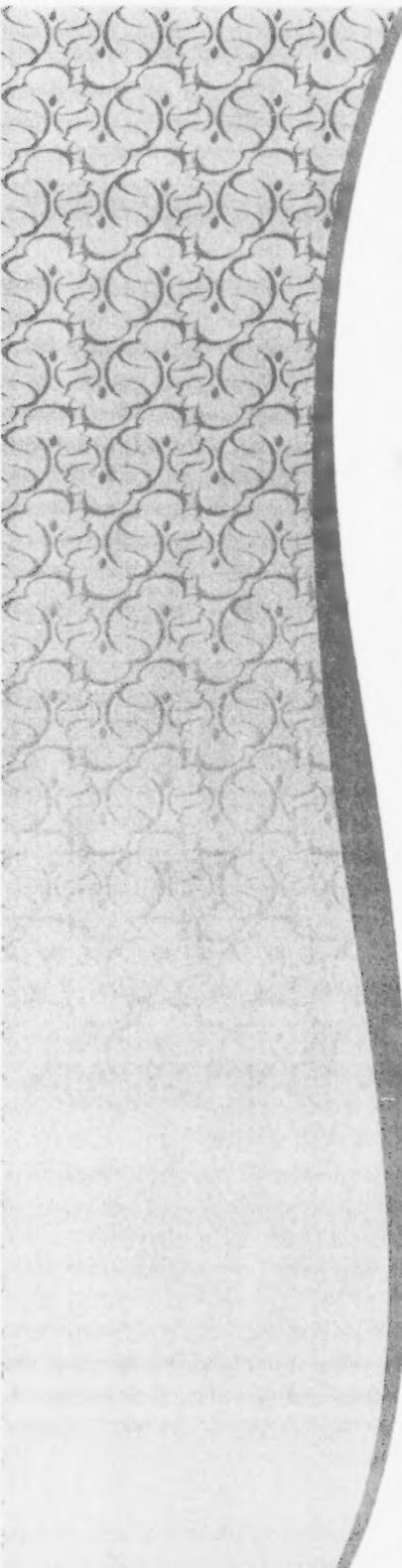
Tobacco Reduction

The Department of Health continued to be an active member in the PEI Tobacco Reduction Alliance (PETRA). The Department of Health worked collaboratively with others to help non-smokers stay smoke-free, to encourage and help smokers to stop using tobacco, and to promote healthy environments by eliminating exposure to second-hand smoke.

The Students Working In Tobacco Can Help (SWITCH) tobacco prevention clubs in Island high schools organized numerous awareness raising activities in their schools and communities.

Effective June 1, 2006 a ban on the display of tobacco products at retail outlets came into effect. In preparation for this new initiative, Department of Health inspectors visited all tobacco retail outlets to inform proprietors and facilitate their understanding of the actions required to conform with this ban.

The Department of Health continued to be an active member in the PEI Tobacco Reduction Alliance (PETRA).



PEI continues to be a leader in providing comprehensive, bilingual support for quitting smoking through the toll free PEI Quitline (1-888-818-6300) and the Quit Care Program at Addiction Services across the province.

The PEI Fax Referral Program was introduced to create new linkages between health care workers and counseling services offered through Smokers' Helpline. Fax referral forms are distributed to physicians and pharmacists, who after identifying that a patient wishes to quit, fax the form directly to the Smokers' Helpline. Trained counselors at the Helpline then initiate proactive outreach to the patient to assess the individual's needs, concerns, provide information on developing a quit plan and local support services.

Stepping Out Program

The PEI Stepping Out program is a pedometer-based program designed to increase the physical activity levels of Islanders. Since 2002, the Department of Health provided funding to the PEI Active Living Alliance to offer the Stepping Out program to communities and workplaces across the Island.

During 2006-07, there were nine community programs offered with 168 participants. The new orange pedometer and silicone bracelet continued to be a choice of Island students. The Stepping Out Schools had 18 schools participating. With the French translation of Stepping Out elementary, intermediate and senior high school resource materials, Stepping Out was offered in six French Schools. In total, there were 1,266 students using pedometers this year.

New resource kits were purchased and used in community recreation programs throughout the summer. They were distributed to five communities: Souris, Amherst Cove, Hunter River, Tignish and Mt. Stewart.

Stepping Out was offered in four workplaces this year with a total of 102 participants. The workplace challenge was a huge success with over 100 teams and 33 workplaces participating. In total there were 966 individuals using pedometers within the workplace.

A partnership with Girls and Women in Sport saw a pilot program delivered in Morell and Tignish. Girls and Women in Sport sponsored each program to purchase pedometers from ALA and to cover costs associated with advertising and a wrap up social. Both community programs had great success with the maximum number of participants (10 pairs/20 females). Each program was asked to cover the healthy living information available through Stepping Out as well as offer an opportunity to be active each week. The program design was intended to attract girls and women. It was an opportunity for mothers and daughters to be physically active together.

The partnership with Provincial Libraries continues to be beneficial for many Islanders. The number of pedometers borrowed from Provincial Libraries totalled 244.

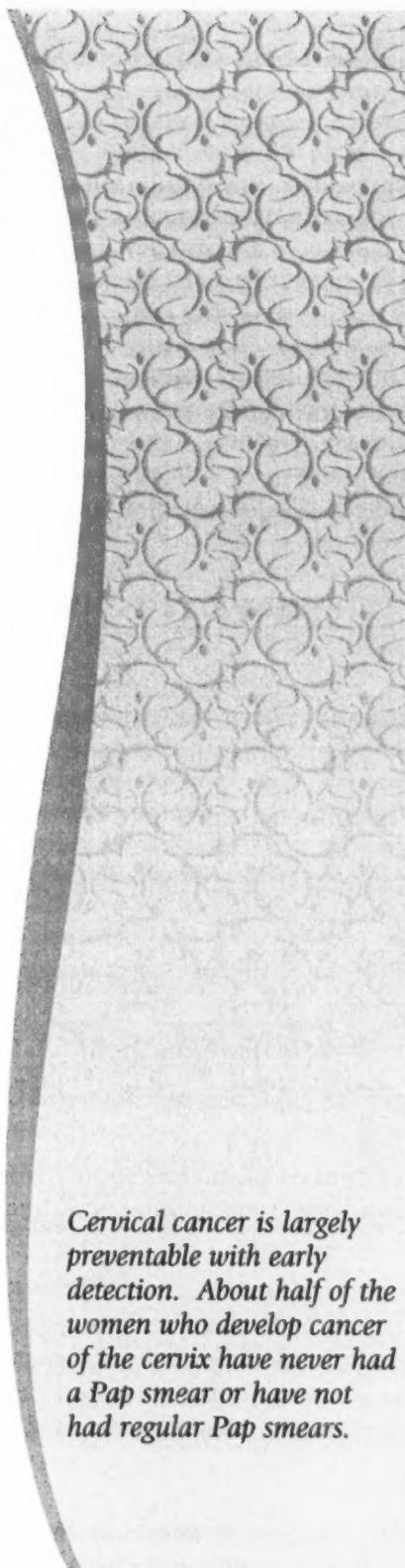
Pap Screening Program

The PEI Pap Screening Program was established in January 2001 to reduce the incidence and mortality from cervical cancer through regular Pap screening. Cervical cancer is largely preventable with early detection. About half of the women who develop cancer of the cervix have never had a Pap smear or have not had regular Pap smears. PEI's overall two year screening rate for women aged 20 to 69 remains at 58 percent.

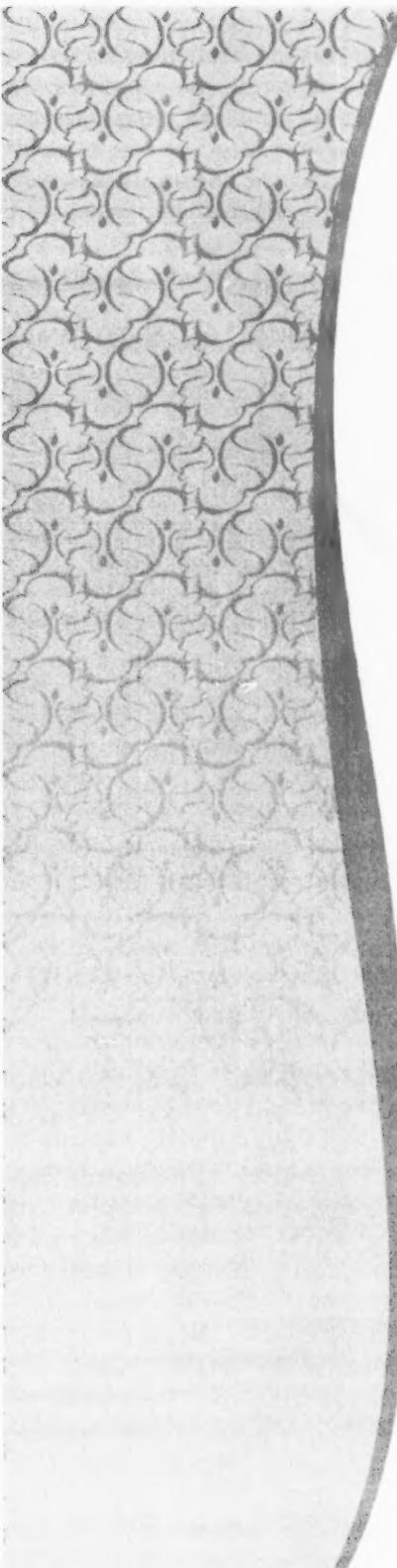
Highlights of the PEI Pap Screening Program's sixth year include the following:

- Public Education and Awareness**

The program held its 7th Pap Awareness Campaign, "Take Action - Regular Pap Tests Prevent Cervical Cancer," in October 2006. This year was the second year that a television commercial produced in collaboration with Nova Scotia and Newfoundland was used and it aired in January 2006.



Cervical cancer is largely preventable with early detection. About half of the women who develop cancer of the cervix have never had a Pap smear or have not had regular Pap smears.



- **Pap Training Workshops**

In June 2006, training workshops were held to teach family health centre nurses how to perform Pap tests for the patients to assist with client care. These exams are done in conjunction with physicians in the centres. It is anticipated that this increased capacity will result in improved access for women to receive Pap tests.

- **Pap Screening Clinic and Out-reach Pap Clinics**

In response to an increasing demand for Pap clinic services, the PEI Pap Clinic continued to hold out-reach Pap clinics across the Island. These clinics have been successful at providing alternative access to under-screened women - 65 percent of women attending had not had a Pap test within the previous two years.

- **Pap Screening Guidelines**

Draft provincial Pap screening guidelines have been developed and are currently being finalized.

In 2006, the Pap Screening Program Advisory Committee and Mammography Steering Committee were dissolved and replaced with a Cancer Screening Committee.

Cancer Control Strategy

In October 2004, "Partners Taking Action: A Cancer Control Strategy for Prince Edward Island 2004-2015," was released. The strategy has three main goals: to reduce cancer incidence, mortality and morbidity in PEI; to enhance the quality of life of cancer patients and families; and to improve the sustainability of the healthcare system. The strategy includes recommendations regarding cancer prevention, screening and diagnosis, treatment and supportive care, palliative and end-of-life care, and survivorship.

This report was developed by an advisory committee comprised of representatives of the Canadian Cancer Society, the Department of Health and Social Services, the Hospice Palliative Care Association, the Cancer Registry, the Cancer Treatment Centre, the Health Research Institute, the Medical Society of PEI, the Provincial Health Services Authority and cancer survivors.

In October 2006, the existing Cancer Control Steering Committee met to discuss a new governance structure which resulted in the formation of the PEI Cancer Control Committee to replace the existing steering committee. The PEI Cancer Control Committee will work through member organizations to reduce the burden of cancer on PEI.

PEI Cancer Trends Report 1980-2006

In March 2007, the Department of Health released a report on PEI Cancer Trends 1980-2006. This report was developed through an extensive analysis of PEI cancer trends and statistics over the past 10 years. Key findings from this report include:

- Overall, cancer incidence in PEI has increased over the past 10 years, while remaining stable in Canada. Cancer mortality has decreased in both PEI and Canada.
- In men, PEI's cancer incidence was 10 percent higher than in Canada over the past 10 years. This is explained by PEI's higher incidence of prostate cancer. Prostate cancer mortality is decreasing. This suggests screening may be finding more cases in PEI than in Canada.
- In women, PEI's cancer incidence was eight percent higher than in Canada over the past 10 years. This is explained by PEI's higher incidence of lung and colorectal cancers.
- In PEI men and women, the incidence of melanoma is higher than in Canada. This may be due to PEI's predominantly fair-skinned population.
- There is no evidence of higher cancer rates in West Prince or in PEI children.

In an effort to reduce the incidence of cancer on PEI, the Department of Health continues to work with the partners of the Strategy for Healthy Living to address the modifiable risk factors that can contribute to cancer. As well, the department is a partner in the Cancer Control Strategy and offers Pap and mammography screening programs. The feasibility of developing a colorectal screening program will be investigated in 2007.

In an effort to reduce the incidence of cancer on PEI, the Department of Health continues to work with the partners of the Strategy for Healthy Living to address the modifiable risk factors that can contribute to cancer.

Stroke Strategy

In August 2006, the PEI Integrated Stroke Strategy was jointly launched. The strategy has three main components - health promotion/disease prevention, stroke management and rehabilitation. The three components all aim to reduce the impact of stroke among Islanders and will be coordinated through a phased-in approach. The strategy was developed by the Heart and Stroke Foundation and the PEI Department of Health.

A number of recommendations from the strategy have been implemented in 2006/07, including:

- Island EMS developed and implemented protocols for direct transport of suspected stroke patients to the QEH and PCH. These two health facilities are equipped to provide immediate emergency care for those experiencing a stroke.
- t-PA therapy (clot dissolving medication) became available at the QEH and PCH and is used to lessen the severity of the stroke.

Immunization Program

In the fall of 2006, PEI upgraded its Meningococcal Vaccine Program for Grade 9 students to include the Menactra vaccine. The Menactra vaccine provides protection against four (4) strains of Meningococcal bacteria (Groups A,C,W-135, and Y). It also provides improved protection with longer lasting immunity. Menactra replaced the Meningococcal vaccine that was being administered to Grade 9 students, and which provided protection for only Group C disease.

*... PEI upgraded its
Meningococcal Vaccine
Program for Grade 9
students to include the
Menactra vaccine.*

PEI Reproductive Care Program

The aim of the PEI Reproductive Care Program is to optimize fetal, maternal, newborn and family health during the prenatal through postnatal periods. In 2006/07, a number of practice guidelines were reviewed and updated to reflect current best practice information.

In addition, a number of new pamphlets were created in 2006/07. An information pamphlet on Newborn Screening was completed and is available to new parents at PCH and QEH. The brochure Pregnancy and the Rh Factor - Information for the Pregnant Woman (Rh Program of Nova Scotia) is available along with a revised consent form for the administration of Rho(D) Immune Globulin (WinRhoSDF™). Also available are the pamphlets: Early Pregnancy Loss (Miscarriage) and Be Doggone Smart at Home - Tips for building a safe and loving bond between your child and your dog.

Joint Consortium for School Health

In 2005, the PEI Departments of Health and Education became part of the Joint Consortium for School Health. The Consortium was established by provincial and territorial ministries and federal departments to strengthen the capacities of health, education, and other systems or agencies in school health promotion. The Department of Health continues to partner with the Department of Education on this initiative.

PEI Diabetes PRIISME Project

In 2006, the Department of Health partnered in the development of the PEI Diabetes PRIISME project. PRIISME is a two-year pilot project using a multi-disciplinary and comprehensive approach to Type 2 diabetes care and management within a family physician-based practice. The primary intent of this two-year pilot is to develop and implement a chronic disease management model that will result in better clinical outcomes for the clients within that practice and demonstrate the broader application of such a model to other family practices as well as other chronic conditions.



The project will also help implement Canadian Diabetes Association guideline-based education opportunities that will enhance competencies of other health care professionals in the community. Project partners include the Department of Health, family physicians (Drs Morais, Carruthers and MacKinnon), the PEI Health Association, Murphy's Pharmacy and GlaxoSmithKline (project funder).

Aboriginal Health Transition Fund

The PEI Department of Health has convened an Advisory Committee composed of the three Aboriginal groups within PEI - Mi'kmaq Confederacy of PEI, Native Council of PEI and the Aboriginal Women's Association of PEI.

The Advisory Committee is identifying opportunities for collaboration between the Aboriginal organizations and the province in the areas of mental health, diabetes and youth addictions. The intent is to provide opportunities for cross sharing, reducing barriers for access, and learning about competencies of both cultures - Aboriginal Peoples and provincial health.

The department also participates on a Health Integration Steering Committee with Health Canada that is led by the Mi'kmaq Confederacy of PEI to discuss targeted improvements in health services for First Nations communities in PEI.

Smoke-Free Environment at Hillsborough and Queen Elizabeth Hospitals

Smoking was previously allowed in the Hillsborough Hospital and in the Psychiatric Unit (Unit 9) at the Queen Elizabeth Hospital under an exemption of the *Smoke-Free Public Places Act*. Due to safety concerns from staff and the public in relation to exposure to second hand smoke and a commitment to provide a safe and healthy environment, a decision to eliminate smoking in the facilities by September 25th, 2006 was made.

A Non-Smoking Strategy Committee met regularly to develop and implement a plan to meet this target date. Key activities included: education of staff, communication internally and externally, support groups for both individuals and groups, provision of smoking aids and an open forum for families to share concerns.

Tobacco Sales and Access Act, Smoke-Free Places Act and Federal Tobacco Act

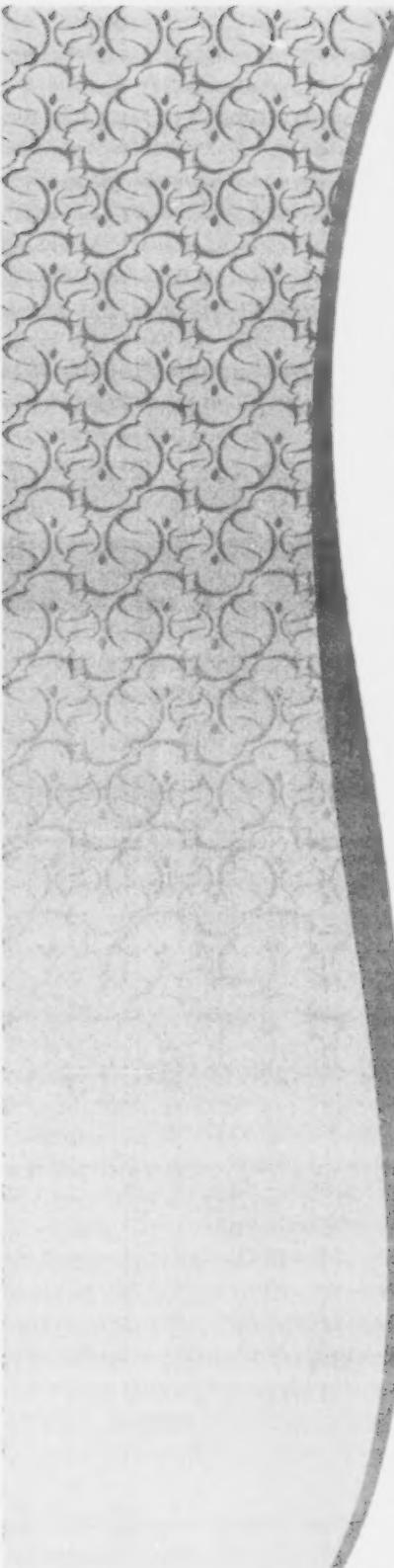
Tobacco enforcement activities were undertaken in accordance with the *Tobacco Sales and Access Act, Smoke Free Places Act* and federal *Tobacco Act*. Tobacco sales to youth under the age of 19 and compliance with the *Smoke Free Places Act*, which restricts smoking in all public places and workplaces, are monitored. The Department of Health works closely with the Liquor Control Commission and Occupational Health and Safety to ensure compliance with the *Smoke Free Places Act*.

The *Tobacco Sales and Access Act* was amended to restrict the sale of tobacco in pharmacies and designated places. As well, the Act was amended to include provision to ban tobacco displays in retail outlets. These legislative changes were consistent with the recommendations contained in the 2004 Standing Committee on Social Development Report, Retail Sales of Tobacco Products.

Kings County Youth Alcohol and Drug Awareness Program

In January 2007, a Youth Alcohol and Drug Awareness Program called the "120 Program" was launched in Kings County, PEI. When under-aged youth are found in possession of alcohol, rather than receive a fine of \$120, they are given the choice of participating in the "120 Program." This program provides education on the dangers of drug and alcohol abuse and its impact on the communities in which they live. The program targets youth 12 to 18 years old and is offered at Kings County Community Mental Health and Addictions Services. The goals of the program are to see a reduction in the number of youth entering addiction services, a decline in the youth crime rate and a decrease in costs to the social and medical system overall.

... a Youth Alcohol and Drug Awareness Program called the "120 Program" was launched in Kings County, PEI.



This community-based project is led by Kings County Community Mental Health and Addictions Services, Youth Justice Services and Kings District RCMP. The program is based on an existing program offered in Wilkie, Saskatchewan. The RCMP Crime Prevention Fund provides the funding for this project.

West Nile Virus Strategy and Mosquito Surveillance Program

The surveillance of dead birds continued in 2006. Through the program, the Department of Health monitored reports of dead crows, ravens and blue jays, and submitted recovered birds to the Atlantic Veterinary College for West Nile Virus testing. In 2006, there were no positive tests.

Mosquito surveillance continued in 2006 as well. Under this program, the Department of Health monitored mosquito populations in key parts of the province. During 2006, mosquito counts were within acceptable range and control measures, such as spraying, were not required.

Results Achieved:

Health and Wellness of Islanders

Length and Quality of Life on the Island

Life Expectancy

Life expectancy is a widely-used indicator of overall population health. Life expectancy is defined as the number of years that a person could expect to live on average, based on the mortality (death) rates of the population in a given year. The following table outlines life expectancy by gender, for Islanders compared with all Canadians for 1993 and 2003.

Life expectancy in years, 1993 and 2003

	1993		2003		Change in life expectancy (1993-2003)	
	men	women	men	women	men	women
PEI	74.2	80.1	76.5	81.6	+2.3	+1.5
Canada	74.8	80.9	77.4	82.4	+2.6	+1.5

Source: Statistics Canada, Vital Statistics, Birth and Death Databases

Life expectancy is an average and does not reflect individual health circumstances. Nevertheless, these findings reveal several trends:

- Life expectancy rates in Prince Edward Island have been similar to Canadian rates over the past ten years.
- Women live on average 5.1 years longer than men in this province.
- The gender gap is shrinking. Male life expectancy improved by 2.3 years between 1993 and 2003 in PEI. Female life expectancy improved by 1.5 years during that period.

Infant Health

Infant Mortality

The rate of infant mortality (children under one year of age) is affected by a variety of factors, including quality of maternal and childcare services provided by the health system and health care providers, as well as social factors such as maternal education, smoking and nutritional deprivation. Rates of infant mortality for PEI and Canada, presented as five-year averages for the period from 1982 to 2005, are outlined in the table below.

Infant mortality: five year average rates per 1,000 live births for the past two decades, 1982 to 2005					
	1982- 1986	1987- 1991	1992- 1996	1997- 2001	2002- 2005*
PEI	7.02	6.56	5.30	5.94	3.23
Canada	8.30	6.96	6.08	5.32	5.35

Source: Statistics Canada, Vital Statistics, Birth and Death Database

- * This is reported as a four year average as the 2006 data has not been released yet.
- Over the past two decades, infant mortality rates have decreased steadily for PEI and Canada, with the exception of a slight increase for PEI in 1997-2001.

Birth Weight

Birth weight is a reliable predictor of a newborn's chances of survival and future health. Both low birth weight and high birth weight are associated with a variety of health risks.

Low birth weight is associated with decreased chances of infant survival and increased risk of disease and disability, with examples including cerebral palsy, visual problems, learning disabilities and respiratory problems. Appropriate medical care and a healthy lifestyle for the mother can improve the chances that the baby will have a healthy birth weight.

The low birth weight rate is the proportion of babies born with a birth weight of greater than 500 grams and less than 2,500 grams (just over five pounds) in relation to the total number of live births in a given year, stated as a percentage.

High birth weight is associated with maternal obesity and gestational diabetes. High birth weight poses increased risk for complications during delivery for mother and baby.

The high birth weight rate is the proportion of babies born with weights greater than 4,500 grams (just under ten pounds) in relation to the total number of live births in a given year, stated as a percentage.

Note: The definitions of low and high birth weight were adjusted from previous years to align with the reporting definitions used by the PEI Reproductive Care Program and the World Health Organization reporting recommendations. All numbers were retroactively adjusted to reflect this change.

Low and high birth weight rates, 2001 to 2005					
	2001	2002	2003	2004	2005
Low Birth Weight Rate					
PEI	3.7%	5.3%	3.9%	5.5%	5.3%
Canada	5.4%	5.7%	5.7%	5.8%	5.9%
High Birth Weight Rate					
PEI	4.2%	3.2%	3.2%	3.0%	3.2%
Canada	2.3%	2.2%	2.1%	2.0%	1.9%

Source: Statistics Canada, Canadian Vital Statistics, Birth Database

- The low birth weight rate on PEI is consistently among the lowest rate in Canada.
- The rate of high birth weight babies born in PEI during the years 2001-2005 was higher than the Canadian average.

Self-reported Health

Self-reported health is based on the response provided by individuals in the Canadian Community Health Survey when asked to rate their own health. Self-reported health reflects how healthy individuals feel they are, and is a general indicator of the overall health status of individuals. This indicator includes features that other measures may miss, such as disease severity, coping skills, psychological attitude and social well-being. Numerous studies have found that self-reported health can predict death rates even when more objective measures are taken into account. The table below presents the proportion of the population aged 12 and older

The low birth weight rate on PEI is consistently among the lowest rate in Canada.

who reported that their health was "very good" or "excellent" in 2003 and 2005.

Self-reported health, the proportion of the population aged 12 years & over who reported "very good" or "excellent" health, age standardized, 2003 and 2005

	2003	2005
PEI	66.0%	60.9%
Canada	59.8%	61.5%

Source: Statistics Canada, Canadian Community Health Survey, 2003 and 2005

- The proportion of respondents who reported "very good" or "excellent" health was similar for both PEI and Canada in 2005.
- On PEI, the proportion of respondents who reported "very good" or "excellent" dropped from 66.0% in 2003 to 60.9% in 2005.

Major Health Concerns

Several acute and chronic conditions including cancer, heart attack, stroke, diabetes, arthritis and asthma, pose major health problems for the general adult population of Prince Edward Island.

Cancer and Cardiovascular Disease

There are many types of cancer, but the most common forms are colorectal, lung, prostate and breast. The following table outlines the estimated incidence rates for these leading cancers for 2006. Incidence rates are based on the number of newly diagnosed primary cancer cases in a given year per 100,000 population.

Estimated age-standardized cancer incidence rate
(per 100,000 population), 2006

		colorectal	lung	prostate*	breast**
PEI	male	64.9	87.9	163	n/a
	female	52	61.7	n/a	111.3
Canada	male	62	69.6	118.9	n/a
	female	41.1	50.3	n/a	106.3

Source: Statistics Canada, Canadian Cancer Registry, 2006

* Male population only

** Female population only, although a small number of men each year are diagnosed with breast cancer.

There are many types of cancer, but the most common forms are colorectal, lung, prostate and breast.

- For both men and women, incidence rates for all four cancers listed were higher for PEI than Canada.
- Prostate cancer is the most frequently occurring cancer in men, with an estimated incidence rate for 2006 of 163 per 100,000 in PEI.
- Breast cancer is the most frequently occurring cancer in women, with an estimated incidence rate of 111.3 per 100,000 in PEI for 2006.

The following tables present the mortality rates associated with the most common forms of cancer, as well as heart attack and stroke. Cancer mortality rates are based on the number of people who die each year as a result of a particular cause or condition per 100,000 population.

Estimated age-standardized mortality rates (per 100,000 population) for major cancer sites, 2006					
		colorectal cancer	lung cancer	prostate cancer*	breast cancer**
PEI	male	31	80	34	n/a
	female	22	51	n/a	27
Canada	male	27	62	26	n/a
	female	17	40	n/a	23

Source: Public Health Agency of Canada, CCDPC, Surveillance Division (as cited in Canadian Cancer Statistics 2006)

* Male population only

** Female population only, although a small number of men each year are diagnosed with breast cancer.

- The mortality rate for prostate cancer in men is comparable to that of breast cancer in women, even though the incidence rate for prostate cancer is higher. Prostate cancer is relatively slow-growing and many men diagnosed with it die of other causes first.

The mortality rate for prostate cancer in men is comparable to that of breast cancer in women, even though the incidence rate for prostate cancer is higher.

Mortality rates for heart attack and stroke, 2002 to 2004

	2002	2003	2004
30-day acute myocardial infarction (heart attack) in-hospital mortality rate			
PEI	14.6%	14.3%	14.2%
Canada	11.3%	11.1%	10.3%
30-day stroke in-hospital mortality rate			
PEI	17.2%	17.4%	17.1%
Canada	18.9%	19.1%	18.3%

Source: CIHI, *Health Indicator Reports*

- PEI had higher 30-day in-hospital mortality rates for heart attacks than Canada for the period of 2002 to 2004.
- The 30-day in-hospital mortality rates for stroke were lower on PEI compared to Canada for the period of 2002 to 2004.

Chronic Disease

Prevalence of arthritis, asthma, heart and stroke, and depression

The following table reports the prevalence of arthritis, asthma, heart and stroke, and depression as found in the 2003 and 2005 Canadian Community Health Survey. The prevalence rate for a disease is the percentage of the population aged 12 and over who reported in the survey that they were diagnosed with a particular disease by a health professional.

Prevalence of self-reported cases of chronic disease, aged 12 and over, age standardized, 2003 and 2005

		arthritis*	asthma**	heart and stroke***	depression****
PEI	2003	18.3%	9.32%	4.94%	6.3%
	2005	17.5%	8.85%	6.29%	3.8%
Canada	2003	15.2%	8.59%	5.18%	6.0%
	2005	14.6%	8.49%	4.92%	5.3%

Source: Statistics Canada, *Canadian Community Health Survey, 2003 and 2005*

* Arthritis includes rheumatoid arthritis and osteoporosis, but excludes fibromyalgia.

** Asthma includes asthma, but excludes bronchitis and emphysema

*** Heart and stroke includes heart disease and stroke, but excludes high blood pressure

***** Depression refers to the proportion of the population aged 12 and over who show symptoms of depression, based on their responses to a set of questions that establishes the probability of suffering a "major depressive episode" as defined by DSM-III-R and ICD-10. Probable risk (0.90) of depression was indicated with at least one episode of 2 weeks or more with depressed mood, loss of interest, and health problems.

- Self-reported prevalence rates for the chronic conditions listed above remained relatively constant from 2003 to 2005 for both PEI and Canada.
- Arthritis was the most prevalent chronic condition in both PEI and Canada in 2003 and 2005.

Prevalence of Diabetes

The following table reports the prevalence of self-reported cases of diabetes for PEI and Canada as found through the Canadian Community Health Survey in 2003 and 2005.

Prevalence of self-reported cases of diabetes, aged 12 and over, aged standardized, 2003 and 2005		
	2003	2005
PEI	4.70%	5.32%
Canada	4.14%	4.33%

Source: Statistics Canada, Canadian Community Health Survey, 2003 and 2005

- Self-reported diabetes prevalence rates remained relatively constant from 2003 to 2005 for both PEI and Canada.

Incidence of Notifiable Diseases

A number of diseases can be controlled by immunization programs. The table below reports the incidence rates for six vaccine preventable diseases. Incidence rates are the number of new cases in a given year per 100,000 population.

Arthritis was the most prevalent chronic condition in both PEI and Canada in 2003 and 2005.

Notifiable diseases, incidence rate per 100,000*

		2001	2002	2003	2004
invasive meningococcal	PEI	0	0	0	0.73
	Canada	1.19	0.68	0.55	0.6
haemophilus influenzae b (invasive) (HIB)	PEI	0	0	0	0
	Canada	0.15	0.14	0.14	0.22
measles	PEI	0	0	0	0
	Canada	0.11	0.02	0.05	0.03
tuberculosis	PEI	2.2	0.7	no data	no data
	Canada	5.5	5.2	no data	no data
pertussis	PEI	6.6	0	29.9	11.6
	Canada	9.5	10.3	7.1	8.8
hepatitis C	PEI	19.8	27.8	27.7	22.5
	Canada	54.3	50.9	45	44.7

Source: Health Canada, Notifiable Disease Reporting System

- * The numbers in this table were updated from previous Annual Reports based on updated Health Canada data.

- There have been no reported cases of invasive haemophilus influenzae b since 1995, or the measles since 1992. Immunization is now available for invasive meningococcal, haemophilus influenzae b and measles.

Outbreaks of pertussis occur every 3-4 years in PEI and the increase in the number of cases seen in 2003-04 reflects that trend. Efforts to control outbreaks of pertussis included the following:

- The upgrade in 2003 of the Grade 9 booster to include acellular pertussis with the tetanus-diphtheria immunization routinely given.
- Immunization of over 7,000 school age students between Grades 3-12 (excluding Grade 10) in the 2004 Adacel Clinical Trial.
- Offering a one time dose of Adacel as the tetanus containing immunization adult booster in Public Health Nursing clinics since 2003.

It is hoped that the province will experience fewer cases of pertussis in the school age and adult populations in the future.

Lifestyles, Risk Factors and Health

Smoking

Tobacco use is the leading cause of preventable illness and death in Canada. Health Canada estimates that smoking is responsible for the deaths of more than 37,000 Canadians per year.

This table reports the percentage of the population over age 15 who reported they were current smokers in the Canadian Tobacco Use Monitoring Survey.

Reported smoking rates of current smokers (aged 15+), 2002 to 2006

	2002	2003	2004	2005	2006
PEI	23%	21%	21%	20%	19%
Canada	21%	21%	20%	19%	19%

Source: Canadian Tobacco Use Monitoring Survey, Household Component, 2002-2006

- In 2006, 19 percent of Islanders reported being current smokers - a decrease from 23 percent in 2002.

Teen Smoking

Youth smoking is a concern since nicotine is an addictive substance and approximately eight out of every 10 people who try smoking become habitual smokers.

The following table reports the percentage of the population aged 15 - 19 (inclusive) who reported in the Canadian Tobacco Use Monitoring Survey that they were current smokers.

Reported teenage smoking rates of current smokers (aged 15-19), 2004 to 2006

	2004	2005	2006
PEI	17%	13%	14%
Canada	18%	18%	15%

Source: Canadian Tobacco Use Monitoring Survey, 2004-2006

Youth smoking is a concern since nicotine is an addictive substance and approximately eight out of every 10 people who try smoking become habitual smokers.

- The PEI rates for current smokers were lower than the Canadian rates.

Fitness and Nutrition

Reported Physical Activity

Regular physical activity provides many well documented physical and mental health benefits. On the other hand, physical inactivity is a risk factor for a variety of serious illnesses, including heart disease and diabetes. The following table provides a summary of activity rates for people in PEI and Canada obtained through the 2003 and 2005 Canadian Community Health Surveys. Survey respondents were asked about the frequency, duration, and intensity of their participation in leisure-time physical activity during the previous three months. The following table presents the percentage of the population aged 12 and over who rated their physical activity as either "*active*" or "*inactive*".

Self-reported physical activity rates, aged 12 and over, aged standardized, 2003 and 2005

	2003		2005	
	active	inactive	active	inactive
PEI	23.8%	54.3%	22.3%	54.6%
Canada	27.5%	47.4%	27.6%	47.2%

Source: Statistics Canada, Canadian Community Health Survey, 2003 and 2005

- Physical activity rates in PEI were lower than Canadian rates in 2003 and 2005.
- In 2003 and 2005, over 50% of Islanders were inactive.

Reported Body Mass Index (BMI)

Obesity is a risk factor for a number of serious illnesses, including high blood pressure, stroke, type 2 diabetes, heart disease, osteoarthritis and other musculoskeletal disorders and cancer.

Body Mass Index (BMI) is used as a measure to determine appropriateness of weight in relation to overall body size. This measure is calculated by dividing weight in kilograms by height in meters squared. Obesity is defined as a Body Mass Index above the threshold of 25.

In 2003 and 2005, over 50% of Islanders were inactive.

The following tables present actual overweight and obesity rates of adults aged 18 years and older and children aged two to 17 years as reported in the 2004 Canadian Community Health Survey.

Overweight and obesity rates, aged 18 and older, 2004				
		overweight	obese	overweight/obese
PEI	female	31.0%	30.3%	61.4%
	male	49.8%	22.1%	71.9%
Canada	female	30.2%	23.2%	53.4%
	male	42.0%	22.9%	65.0%

Source: 2004 Canadian Community Health Survey: Nutrition

- Compared to the Canadian average, a larger percentage of Islanders, both men and women, are overweight or obese.
- On PEI, the overall percentage of overweight/obese is higher for men compared to women (71.9% versus 61.4%). Women have a higher rate in the obese category and men rate higher in the overweight category.

Overweight and obesity rates, aged 2 to 17, 2004				
	overweight	obese	overweight/obese	
PEI	22.4%	7.8%*	30.2%	
Canada	18.1%	8.2%	26.2%	

Source: 2004 Canadian Community Health Survey: Nutrition

* Interpret with caution

- A larger percentage of children on PEI are overweight when compared to the rest of Canada.

Diet: Fruit and Vegetable Consumption

Diet and health are closely connected. Poor dietary habits are linked to a number of serious illnesses, including cancer and heart disease. Adequate fruit and vegetable consumption is a basic component of a healthy diet. The Canada Food Guide recommends the following number of servings of fruit and vegetables per day:

- Children 2-3 yrs of age, 4 servings/day
- Children 4-8 yrs of age, 5 servings/day
- Children 9-13 yrs of age, 6 servings/day

A larger percentage of children on PEI are overweight when compared to the rest of Canada.

- Teens female 14-18 yrs, 7 servings/day
- Teens males 14-18 yrs, 8 servings/day
- Adult females 19-50 yrs, 7-8 servings/day
- Adult, males 19-50 yrs, 8-10 servings/day
- Adults 50+ years, 7 servings/day

Average daily fruit and vegetable consumption is used as an indicator of the dietary habits of the population. The following table presents self-reported rates of fruit and vegetable consumption for the population aged 12 and older as reported in the Canadian Community Health Survey.

Self-reported fruit and vegetable consumption rates, aged 12 and over, aged Standardized, 2003 and 2005

	2003	2005
	5 or more times per day	5 or more times per day
PEI	31.4%	32.7%
Canada	41.5%	43.9%

Source: Statistics Canada, Canadian Community Health Survey, 2003 and 2005

- Fruit and vegetable consumption rates were lower in PEI when compared to Canada in both 2003 and 2005.
- In 2005, only 32.7% of Islanders ate five or more servings of fruit and vegetable per day.

Early Prevention

Influenza Immunization: Adults Aged 65 and Older

Influenza can pose a serious health risk for many people, including those aged 65 and over. Immunization is effective in preventing the flu. Immunization for those most at risk for complications associated with influenza, including adults aged 65 and older, is an important prevention measure.

The following table presents the percentage of the population 65 years of age and over who reported having a flu shot in the 12 months prior to the survey.

Self-reported influenza immunization rates, aged 65 and over, 2003 and 2005

	2003	2005
PEI	72.1%	69.8%
Canada	75.7%	71.3%

Source: Statistics Canada, Canadian Community Health Survey, 2003 and 2005

- Influenza immunization rates are similar for both PEI and Canada, with approximately 70% of people aged 65 and over receiving a flu shot in 2005.

Children and Second-Hand Smoke

Exposure to environmental tobacco smoke (second-hand smoke) is harmful to children, and is associated with respiratory illness, sudden infant death syndrome (SIDS) and ear infections. Children are especially vulnerable to the effects of second hand smoke because their bodies are still developing, their breathing rates are higher than adults, and they have little control over their indoor air environments. The following table reports the percentage of children regularly exposed at home to environmental tobacco smoke.

Exposure of children at home to environmental tobacco smoke, 2005 and 2006		
	PEI	Canada
2005		
% Children Age 0-11	12%	9%
% Children Age 12-17	17%	16%
% Children Age 0-17	14%	12%
2006		
% Children Age 0-11	8.6%	9.2%
% Children Age 12-17	14.3%	14.2%
% Children Age 0-17	10.9%	11.2%

Source: Canadian Tobacco Use Monitoring Survey, 2005 and 2006

- PEI rates are similar to national averages.
- Exposure to second hand smoke has been decreasing in PEI and Canada since 1999.

Breast-Feeding

Breast-feeding is a recommended source of nutrition for babies. More than just a food source, breast milk contains immunoglobulins and antibodies which provides the baby with protection against disease. Breast-fed babies have fewer childhood illnesses, such as gastrointestinal and respiratory infections, asthma, eczema, food allergies, and middle ear infections than other babies. There is evidence as well that breast-feeding may contribute to cognitive development.

Breast-fed babies have fewer childhood illnesses, such as gastrointestinal and respiratory infections, asthma, eczema, food allergies, and middle ear infections than other babies.

The table below reports the percentage of women who were breast-feeding at hospital discharge on PEI.

Breast-feeding rates (at hospital discharge) on PEI, 2004-05 to 2006-07			
	2004-05	2005-06	2006-07
PEI	63.5%	64.5%	65.0%

Source: Integrated Services Management (ISM), 2004-05 to 2006-07

Early Detection

Pap Screening Rates

More than 90 percent of cervical cancer can be prevented by regular screening with the Pap test. The PEI Pap Screening Program was established in 2001. Program objectives included: reduction of incidence and mortality from cervical cancer among Island women; increased accessibility to the service; and increased number of women screened.

Pap screening rates are the percentage of women between 20 and 69 who participated in a Pap screening program within a defined period of time.

PEI Pap screening rates, by age group, 2001-2003			
age group	screening period		
	one year (2003)	two years (2002-2003)	three years (2001-2003)
20 to 34	44%	62%	69%
35 to 49	39%	59%	67%
50 to 69	37%	52%	57%
total 20 to 69	40%	58%	65%

Source: PEI Pap Screening Program, 2003 Report

- Approximately 40 percent of Island women between the ages of 20 and 69 were screened with a Pap annually in 2003. Over a three year period (2001-2003), 65 percent of Island women underwent a Pap screening.
- The overall two year Pap screening rate for women aged 20 to 69 on PEI was 58 percent in 2003. The screening rate has stayed constant over the past nine years.

More than 90 percent of cervical cancer can be prevented by regular screening with the Pap test.

- Participation in Pap screening decreases with age, regardless of the screening interval, with the highest participation rate for women in their reproductive years.

The Canadian Community Health Survey (CCHS) also provides information on Pap screening rates. These participation rates are based on self-reported data and tend to be less accurate than the findings from the PEI Pap Screening Program. However, the CCHS data does allow for comparison to the Canadian average. The following table presents the percentage of women aged 20-69 who reported receiving a Pap screen within the past three years.

Self-reported Pap screening rates, aged 20-69, 2001-2005		
	2001-2003	2003-2005
PEI	78.2%	82.5%
Canada	70.1%	75.7%

Source: Statistics Canada, Canadian Community Health Survey, 2003 and 2005

- In 2005, 82.5 percent of Island women reported that they had a Pap screen within the past three years. This was up from 2003, and was above the Canadian average of 75.7 percent.

Mammography Rates

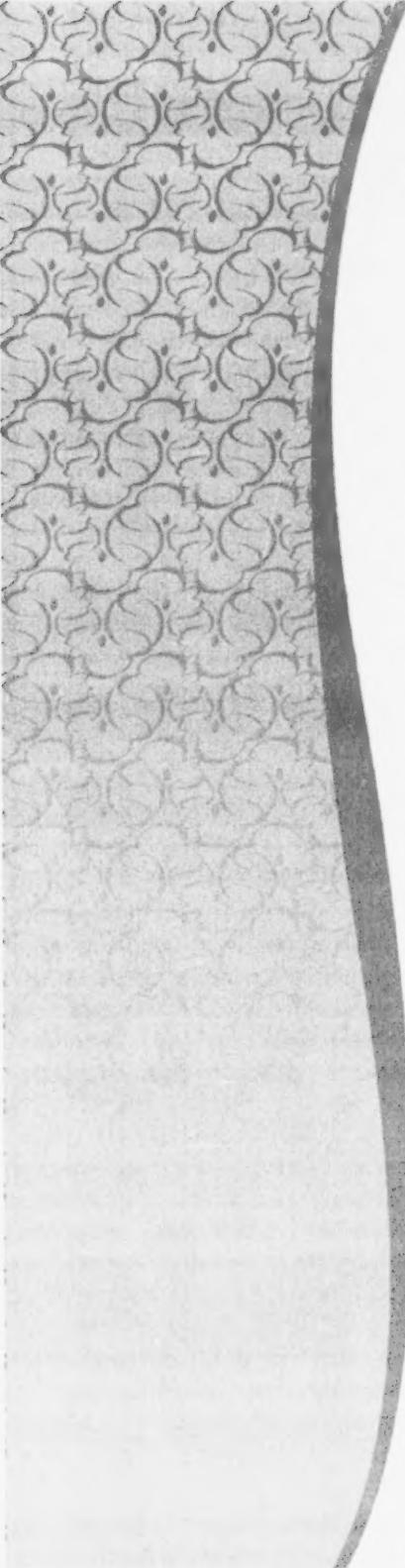
Breast cancer continues to be the most frequently diagnosed form of cancer for women in Canada. However, breast cancer mortality rates have been declining over time. Improved breast cancer screening programs and treatments have contributed to the decrease. On PEI, there were 10,880 mammograms performed in 2006/07. This number includes women of all ages and both diagnostic and screening mammograms performed at the QEH and PCH.

The following table shows the percentage of women aged 50-69 who reported receiving a mammogram for routine screening or other reasons within the past two years as reported in the Canadian Community Health Survey.

Self-reported mammography screening rates, aged 50-69, 2002-2005		
	2002-2003	2004-2005
PEI	70.7%	64.9%
Canada	72.6%	72.1%

Source: Statistics Canada, Canadian Community Health Survey, 2003 and 2005

On PEI, there were 10,880 mammograms performed in 2006/07.

- 
- In 2005, 64.9% of Island women aged 50-69 reported having a mammogram within the previous two years. This was down from 2003, and was lower than the Canadian average of 72.1%.
 - Actual mammography screening rates tend to be lower than self-reported rates.

2. Quality of Services

Key Strategies & Initiatives

Queen Elizabeth Hospital Redevelopment

The Queen Elizabeth Hospital (QEH) opened in 1982. There have been many changes in programs, services and standards over these years. The QEH Redevelopment process aims to ensure that health care services can continue to be efficiently and effectively delivered well into the future.

The QEH Redevelopment project will be implemented in two phases. Phase 1 of the project includes the initial architectural design and construction of a new Emergency Department and Ambulatory Care Centre and improvements to Day Surgery. This phase also includes essential upgrades to support services such as Laundry, Materials Management and Supply, Processing and Distribution (SPD). Phase 1 will be designed and developed over the next eight years.

The Master Program/Master Plan for the QEH Redevelopment project has been completed and the Functional Program for Phase 1 is in the final stages of development. The Resource Planning Group was hired to lead the functional program process and seven hospital staff teams were established to review in detail the needs for the future of the areas included in Phase 1. The Functional Program is a detailed written description of how each department within the QEH (or priority areas for redevelopment) will function and what resources (staff, space, equipment and technology) are required.

Engineering and architectural design for the first part of Phase 1 (including the Emergency Department, SPD, Materials Management and Laundry) will begin in the early summer of 2007.

The QEH Redevelopment process aims to ensure that health care services can continue to be efficiently and effectively delivered well into the future.

Wait Times Strategy

In the 2004 Ten-Year Plan, First Ministers agreed to collect and provide meaningful information to Canadians on the progress made in reducing wait times. PEI has participated in all national discussions regarding wait times. To date, the Provinces and Territories have approved comparable indicators for each of the five priority areas (including cancer, heart, diagnostic imaging, joint replacements, and sight restoration) and have agreed to benchmarks where sufficient evidence is available.

In January 2006, physicians, surgeons, other health professionals and senior management of the Department of Health engaged in a process to develop a multi-year, multi-faceted provincial strategy to improve access to services. A Steering Committee and working groups were established to provide advice and clinical expertise and to research best practice in service delivery. Multi-year targets were also identified to improve access to procedures and therapies in each of the four priority areas, including joint replacement, site restoration, radiation therapy and diagnostic imaging (cardiac surgeries are not included as they are performed out-of-province).

Island physicians, surgeons and other health providers will continue to work together to identify ways to improve efficiencies of operative services to allow for additional patients to be serviced daily. In July 2006, a fourth orthopedic surgeon was hired to help reduce wait times for hip and knee replacements.

Patient Wait Time Guarantee

Prince Edward Island has signed an agreement with the federal government stating its commitment to establish a patient wait time guarantee for radiation therapy services offered in PEI by 2010.

Prince Edward Island has signed an agreement with the federal government stating its commitment to establish a patient wait time guarantee for radiation therapy services offered in PEI by 2010. Patients will be guaranteed to receive service within eight weeks of their "ready to treat" date. Once the guarantee is in place, patients who cannot receive their service in PEI within eight weeks will be offered alternate care options and/or option to receive services in other Maritime provinces, Quebec or Ontario. Patients that travel out-of-province as part of the 2010 guarantee will receive compensation for travel and accommodations.

PEI will begin work on a pilot project to assess capacity and accessibility of radiation therapy services in the Maritime provinces, Quebec and Ontario. The results of this project will further the work in establishing a patient wait time guarantee for radiation therapy services in PEI.

Island EMS (Emergency Medical Services)

In April 2006, Island EMS commenced operations of the enhanced, province-wide ambulance system. Through centralized dispatching, standardized medical direction and paramedic protocols, Islanders now receive a consistent standard of care and common response from the Emergency Medical Services in all areas of the province.

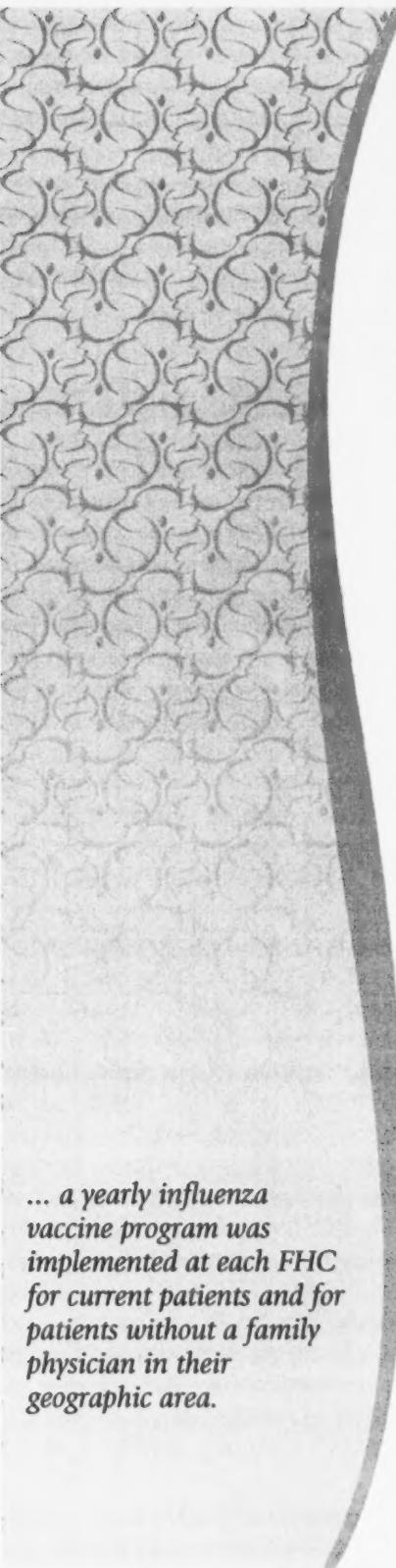
Enhancements have been added to the ambulance system through a standardization of equipment. As well, an increase in the number of Advanced Care Paramedics is underway with the objective of insuring a minimum of one Advanced Care Paramedic attending every emergency call by March 31, 2011.

The elimination of geographic boundaries for ambulance services to the province-wide ambulance system has demonstrated an improved response to multi-casualty incidents as well as the movement of ambulances to cover areas of the province when the assigned ambulances are committed to respond to a call.

Family Health Centres (FHCs)

FHCs are community-based and provide a defined set of services with emphasis placed on diagnosis and treatment, health promotion, illness prevention and chronic disease management. These centres bring together physicians, registered nurses and other health providers to work collaboratively with shared responsibility for patient and client outcomes based on assessed health care needs. Family health centres are based on the interdisciplinary collaborative practice model and continue to be an integral part of primary health care.

... Island EMS commenced operations of the enhanced, province-wide ambulance system.



Collaborative practice family health centres on the Island include: Eastern Kings (Souris); Four Neighbourhoods (Charlottetown); Central Queens (Hunter River) and Gulf Shore (satellite site in Rustico); Harbourside (Summerside); and Beechwood (O'Leary). Other family practice models include: Southern Kings (Montague) and Evangeline (Wellington).

In 2006-07, a yearly influenza vaccine program was implemented at each FHC for current patients and for patients without a family physician in their geographic area. Additionally, a Pap screening service is being established for health centre patients who prefer a female practitioner.

Central Line Dialysis Pilot Project

Many diseases contribute to kidney failure, but the most common causes are diabetes and high blood pressure. Dialysis is required when kidneys become permanently impaired and can no longer function normally to maintain life. Dialysis cleans the blood of wastes and removes excess fluid.

There are two ways to deliver hemodialysis - peripheral vascular access and tunneled catheter access. Peripheral vascular access is the medically preferred method and approximately 50% of hemodialysis patients on PEI undergo this type of treatment. For some people this method is not a viable option and tunneled catheter dialysis is required. For this reason, this service is valuable to those Islanders.

Prince Edward Island participated in a pilot project to offer tunneled catheter (central line) hemodialysis. The treatment was initially made available from the existing satellite dialysis clinic located in East Prince. On the basis of positive results in the pilot the service was extended to Queen's Dialysis Unit in Charlottetown. In November of 2006, the service was expanded to the Souris Dialysis unit.

... a yearly influenza vaccine program was implemented at each FHC for current patients and for patients without a family physician in their geographic area.

French Language Services

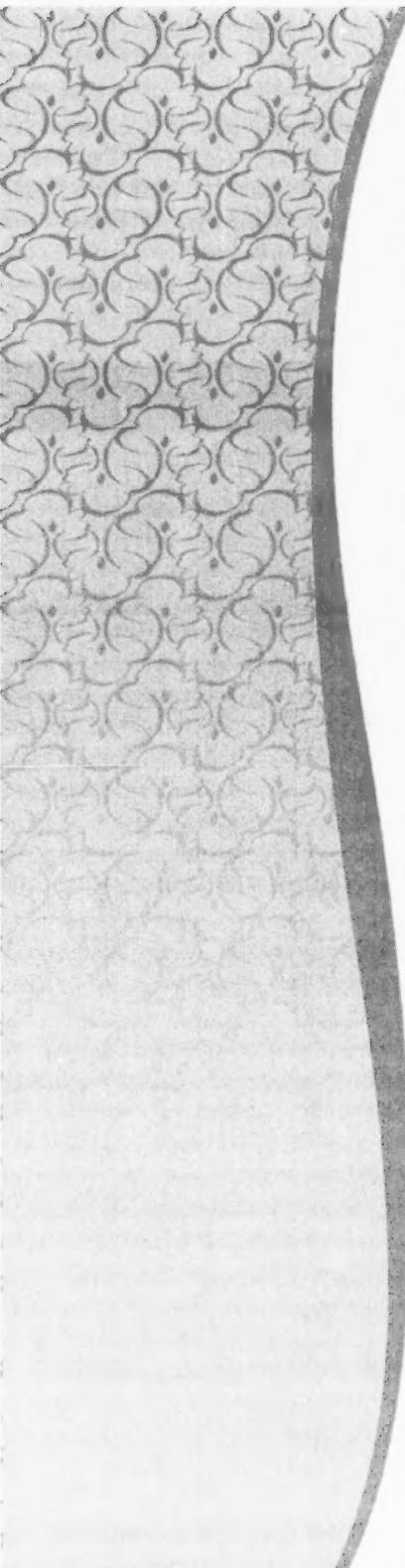
The provision of health services in French is a high priority for the Acadian and Francophone community. Accordingly, the Department of Health, in consultation with the PEI French Language Health Services Network, has worked towards the implementation of the *French Language Services Act*.

The Acadian and Francophone community, as well as the PEI French Language Health Services Network, were consulted throughout the period on various topics, including the Departmental Strategic Plan; Provincial Youth Addictions Strategy; West Prince Hospital; and Community Health Service Needs Assessments. The consultations resulted in the significant inclusion of the Setting the Stage project as one objective in the draft version of the Departmental Strategic Plan.

In order to increase access to French language services, the Department of Health obtained project funding from Société Santé en français for the following special projects: Healthy Choices, Healthy Communities, Primary Care Division; Health Resource Centre, Prince County Hospital; and the videoconferencing initiative, Eastern Kings Health Centre. The projects were successfully implemented and ended in September 2006 with positive outcomes for the Acadian and Francophone community.

A new electronic Directory of Bilingual Service Providers for Health & Social Services in PEI was developed to facilitate and improve access to services in French. The publication was developed in collaboration with the PEI French Language Health Services Network, the Department of Social Services and Seniors and the Department of Health.

The first annual French Language Health and Social Services Forum was held in October 2006. There were 22 participants out of approximately 120 eligible employees (participation rate of almost 20%). The Forum objectives were to bring together bilingual employees from the Department of Health and the Department of Social Services and Seniors to provide them with an opportunity to network and to initiate working relationships which could lead to improved delivery of French language services for the Acadian and Francophone community of PEI; to inform and educate the bilingual



providers of the fundamental reasons for providing French language services; and to initiate a consultation process to identify the providers' reality and challenges and develop improved models for delivery of French language services.

Youth Addictions Strategy

In late 2006, the Department of Health was asked to embark on a strategy to develop comprehensive community-based services for youth with dealing with substance abuse/addictions. The effort included consultations related to further development of youth substance use and addictions services and programming in the province.

Planning activities included community and stakeholder consultations and site visits with youth addictions facilities in Portage, New Brunswick and Truro, Nova Scotia. As planning moves forward, efforts will be made to engage community and government stakeholders in further program and service development, with consideration to research and best practice.

Long Term Care Subsidization for Private Nursing Homes

An increase in the subsidy per diem rate provided to currently subsidized residents of private nursing homes was announced by the Government of Prince Edward Island in December 2006. The rate for Level 4 residents was increased by \$4 per day to \$122.50, and for Level 5 residents the rate was increased by \$6 per day to \$137.50. Levels range from 1 to 5 and indicate the degree of nursing care required for a resident, with 5 being the highest level of care required.

In early 2007, the Government signed formal contracts with all private nursing homes. The contracts established standard rates for basic health services and subsidized accommodations. The contracts have three year terms and allow for fixed increases in rates annually.

Forty-two per cent of the long term care nursing beds are located in the private sector on PEI and approximately 65 percent of residents in private nursing homes are subsidized.

This subsidy increase helps to ensure continued high quality services for private nursing home residents.

Long Term Care Funding and Subsidization

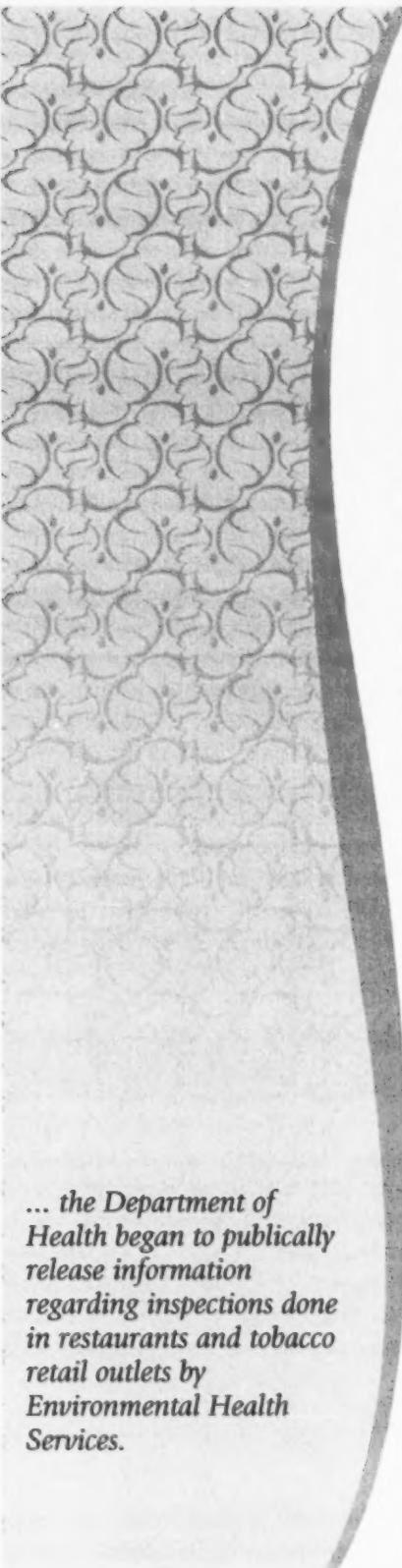
In the Fall of 2006, the Government of Prince Edward Island amended the *Long-Term Care Subsidization Act* and Regulations. This dramatically changed the way long term nursing care is funded in the province. The amendments (effective January 1, 2007) enabled two key changes in long term care funding. Firstly, the Department of Health now pays the basic health care costs for all residents in long term nursing care facilities reducing the cost to all residents by 50 percent. Secondly, residents unable to afford the full cost of accommodations are eligible for subsidy. Determining eligibility for accommodation subsidization is based on assessment of yearly income. As a result, subsidized residents are no longer required to liquidate their assets to help pay for the cost of their nursing home accommodation.

Basic health care costs, which are paid for by the Department of Health, include nursing and personal care, incontinence and infection control measures, and basic supplies for hygiene and grooming. Residents pay the accommodation costs which cover room and board, including meal service, housekeeping, laundry and social/recreational activities. Residents also continue to be responsible for personal expenses which include, but are not limited to, eyeglasses, hearing aids, dental service, telephone service, hairdressing, dry cleaning, ambulance service and general transportation.

Provincial Geriatric Program

The Provincial Geriatric Program was enhanced with the addition of a half-time Consultant Geriatrician in 2006-07. This enhancement will help improve access to this important service and improve the ability to meet the growing needs of the senior population on PEI.

... the Government of Prince Edward Island amended the Long-Term Care Subsidization Act and Regulations. This dramatically changed the way long term nursing care is funded in the province.



The Provincial Geriatric Program is an Island-wide program that began in 1998. It provides care for the frail elderly with complex health problems and offers individualized geriatric assessment in homes, hospitals, long-term care facilities and other community settings. Staff members of the program work in partnership with other health care providers such as family doctors, therapists, social workers, and mental health and home-care professionals. Through this collaborative approach, the team strives to improve the quality of life of the frail elderly.

QEH Neonatal Intensive Care Unit

In 2006-07, 11.25 nursing positions were added to the Neonatal Intensive Care Unit (NICU) at the Queen Elizabeth Hospital to help meet the demand for high-risk delivery and aftercare of newborn babies. When the NICU was established in 1997, the predicted number of babies in care was 18 per year, and a commitment was made to look after premature babies born as early as 32 weeks gestation. The number of high-risk babies admitted to the NICU has risen to more than 60 per year, including babies born here and babies transferred back from the IWK in Halifax. The new nursing positions will improve access to this service, reduce heavy workloads and overtime for existing nurses and result in less travel for families experiencing high-risk pregnancies.

Environmental Health Inspections

On February 28, 2007, the Department of Health began to publically release information regarding inspections done in restaurants and tobacco retail outlets by Environmental Health Services. A summary of health orders, warnings and fines issued to restaurants, as well as warnings and fines issued to tobacco retailers, are now publicly posted to the Department of Health website every two months at: www.gov.pe.ca/environmentalhealth.

The new public access policy ties in with direction received from the Information and Privacy Commissioner requiring the Department of Health to release certain information in accordance to the *Tobacco Sales and Access Act* and the *Eating Establishments and License Premises Regulations* under the *Public Health Act*.

... the Department of Health began to publically release information regarding inspections done in restaurants and tobacco retail outlets by Environmental Health Services.

This new disclosure system will provide the public with timely access to information concerning compliance of businesses and operators to provincial regulations. Easier public access to information will help citizens to make more informed decisions and also encourage operators to achieve higher standards. Additionally, in the Fall of 2007, full restaurant and food service inspection reports will be available to the public. Until that time, summary information of health orders, warnings and fines will be posted to the Department of Health website.

Safer Health Care Now! Campaign

The PEI Department of Health has begun work on the Safer Health Care Now! Campaign. It is a grassroots, pan-Canadian campaign aimed at reducing the number of preventable injuries and deaths related to situations such as infections and medication incidents. The campaign involves implementation of six evidenced-based interventions and strategies including: 1) Improved Care for Acute Myocardial Infarction; 2) Prevention of Central Line-Associated Bloodstream Infection; 3) Prevention of Adverse Drug Events by implementing Medication Reconciliation; 4) Implementation of Rapid Response Teams; 5) Prevention of Surgical Site Infection; and 6) Prevention of Ventilator-Associated Pneumonia.

Provincial Ethics Framework

The PEI health system has adopted a Provincial Ethics Framework. The ethics framework consists of a Clinical Ethics Committee designed to support managers/clinicians of the PEI health system in their decision-making with the difficult ethical challenges they face in care delivery.

The Department of Health has also established a Research Ethics Board. Its mandate is to ensure that the rights, safety and well-being of research participants are upheld in an ethically acceptable manner. The board has the authority to approve, reject, modify or terminate any proposed or ongoing research activity conducted under the auspices of the Department of Health.

Results Achieved:

Quality of Services

Patient Satisfaction

Reported patient satisfaction with any health care service, community-based services, hospital services and physician services were measured in the Canadian Community Health Survey.

Community-based care includes any health care received outside of a hospital or doctor's office. Examples include home nursing care, home-based counseling or therapy, personal care, and community walk-in clinics. For the purpose of this survey, physicians included family doctors and medical specialists, but excluded services received in a hospital.

The table reports the percent of survey respondents, aged 15 and over, who rated themselves as either "very satisfied" or "somewhat satisfied" with the way services were provided in the previous 12 months.

Proportion who reported they were "very satisfied" or "somewhat satisfied" with health services, aged 15 and over, 2005

	any health care service	community care services	hospital care	physician care
PEI	88.7%	86.8%	86.9%	93.1%
Canada	86.0%	82.1%	81.4%	91.6%

Source: Statistics Canada, Canadian Community Health Survey, 2005

- The majority of Islanders and Canadians were satisfied with the various health services they received in 2005.

The majority of Islanders and Canadians were satisfied with the various health services they received in 2005.

Quality of Health Services

Perceptions of service quality were measured through the Canadian Community Health Survey. The table below reports the percentage of the population rating any health care service, community-based services, hospital care and physician care as "excellent" or "good." Community based care services include home nursing care, home based counseling or therapy, personal care and community walk-in clinics.

Proportion of the population who rated the quality of health care services received as "excellent" or "good", aged 15 and over, 2005

	any health care service	community- based services	hospital care	physician care
PEI	88.8%	82.0%	90.3%	93.1%
Canada	86.0%	79.1%	82.5%	91.3%

Source: Statistics Canada, Canadian Community Health Survey, 2005

- Islanders and Canadians generally responded positively about the quality of care they received, 88.8 percent rated the quality of any health care service on PEI as "excellent" or "good."
- In all four areas of health service, the PEI rate was above the Canadian rate.

3. Health Workforce

Key Strategies & Initiatives

Recruitment and Retention

Government is committed to maintaining an adequate supply of health professionals in Prince Edward Island. A number of initiatives have been implemented to meet this challenge. Active recruitment was carried out throughout the year for a variety of health professionals and additional initiatives were implemented to deal with some of the more difficult to fill positions.

Physician Recruitment Strategy

The Prince Edward Island Physician Recruitment Program was implemented in 2000 to address physician recruitment and medical education challenges. Building on success, a PEI Enhanced Physician Recruitment/Retention and Medical Education Strategy was introduced in April 2006. This new program offers initiatives to address the financial, professional and lifestyle concerns of today's physicians and focuses on three distinct groups: physicians in training, physicians being recruited to the Island and physicians currently in practice on PEI.

The physician complement and number of physicians practicing on PEI was at an all time high in 2006/07. In March 2007, the approved physician complement (total number of allowable positions for physicians) on PEI was 209.9 full-time equivalents (FTEs), up from 203.1 in March 2006. The total number of filled positions was 195.7 FTEs, up from 183.7 in March 2006.

The physician complement and number of physicians practicing on PEI was at an all time high in 2006/07.

Medical Education Program

The Medical Education Program continued to provide training opportunities in 2006/07. The program is administered under the Department of Health which works closely with Dalhousie Medical School in Halifax. Residents in medical schools across Canada are also welcomed by available teaching physicians.

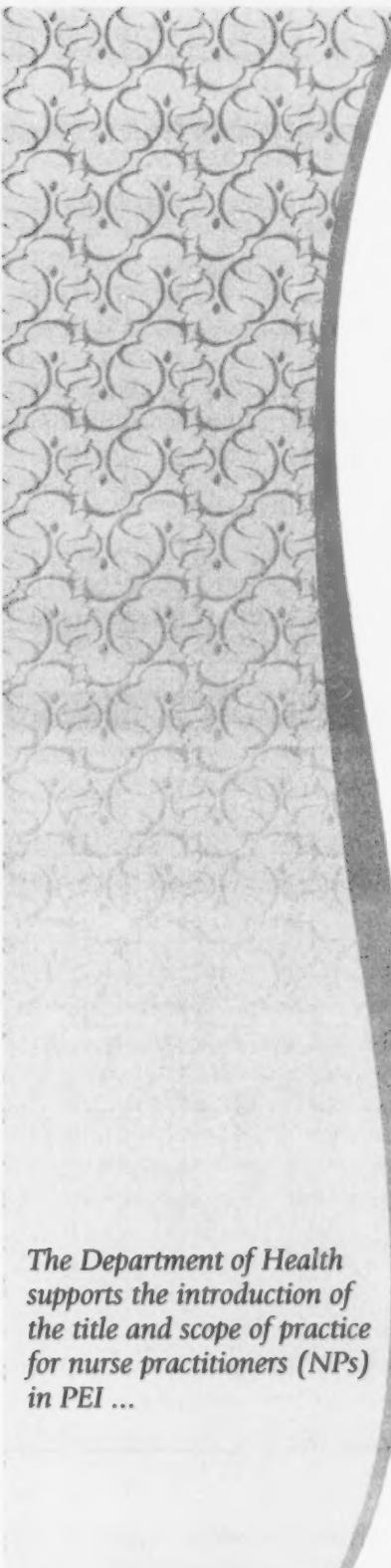
Residents are doctors enrolled in postgraduate training after receiving their medical degrees. A residency is otherwise known as an apprenticeship. This is a time where doctors apply theoretical skills and develop clinical skills in practice. Family practice residents apprentice for two years while residents in other specialities spend from four to seven years acquiring their expertise.

Medical residents spend time with preceptors - qualified doctors who mentor them. When Island physicians work with medical residents it is beneficial for both since such teaching opportunities are one of the most rewarding aspects of medical practice. Teaching helps demonstrate pride in one's craft, helps sustain the discipline as a whole, and aids in recruitment efforts.

Medical residencies also provide opportunities to show what the Island has to offer. Encouraging residents to complete clinical rotations on Prince Edward Island provides the Island with an opportunity to influence the resident's choice of where they would like to practice medicine.

PEI Nursing Recruitment and Retention Strategy

Registered nurses comprise the largest group of health care providers on PEI. The PEI Nursing Recruitment and Retention Strategy was implemented in 2000 to address the pending shortage of registered nurses (RNs) in the province. This strategy, renewed for 2004-2008, is designed to ensure that the province maintains an adequate supply of RNs now and into the future, while enhancing the quality of work for Island RNs.



The strategy has two components, the Bachelor of Nursing (BN) Sponsorship Program and the BN Summer Employment Program. The BN Sponsorship Program provides financial assistance to third and fourth year nursing students who agree to work in the province upon graduation. The BN Summer Employment Program provides summer employment to nursing students who successfully completed their second or third year of study.

Nurse Practitioner Role Implemented

The Department of Health supports the introduction of the title and scope of practice for nurse practitioners (NPs) in PEI and recognizes the need to assess the appropriate allocation of this new health care provider in various areas of health care delivery. The new *Registered Nurses Act* received assent in the House in December 2004. This new Act is a complete revision of the previous Nurses Act and includes the provision for recognizing NPs and defining their scope of practice. The Association of Registered Nurses of Prince Edward Island (ARNPEI) and the PEI Government developed the four sets of regulations to accompany the Act. Government proclaimed the new *Registered Nurses Act* on February 25, 2006.

A Nurse Practitioner Position Assessment Committee has been established to receive and review proposals for nurse practitioner positions within the Department of Health according to specified criteria that includes value to the system, sustainability, collaborative practice arrangements and evaluation. There is currently one NP at Central Queens Family Health Centre (Hunter River) and one NP at Eastern Kings Family Health Centre (Souris).

Radiation Therapist Sponsorship

The Department of Health supports the introduction of the title and scope of practice for nurse practitioners (NPs) in PEI ...

A sponsorship program was put in place for Islanders to receive radiation therapy training. Initially an agreement was made with Capital Health in Nova Scotia to provide for an Island student to receive radiation therapy training at the Michener Institute in Toronto, Ontario with clinical training provided by the QEII Health Sciences Center in Halifax, Nova Scotia. This year Island students in the Radiation Therapy Program at Michener Institute were approached to ascertain their interest in sponsorship and one student signed a return-

in-service with the PEI Cancer Treatment Centre. This student will graduate and commence employment in Summer 2007.

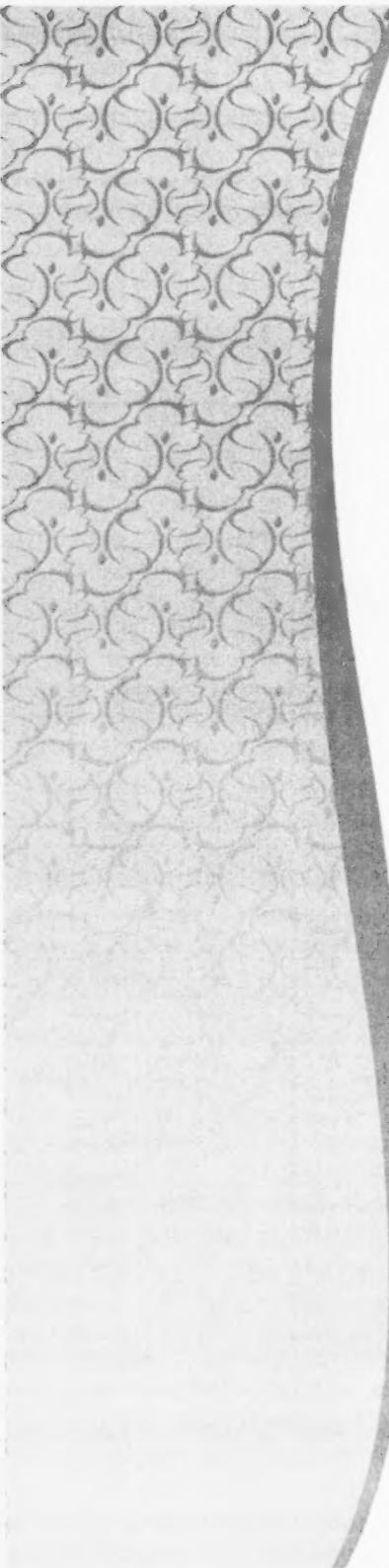
Medical Laboratory Technologists Seats

Medical laboratory technologists provide laboratory testing related to the diagnosis, treatment and monitoring of disease. In 2003, the PEI and New Brunswick provincial governments entered a three-year agreement which provides qualified Islanders guaranteed access to three seats each year in the Medical Laboratory Technology diploma program at the Community College in Saint John, New Brunswick. This agreement has been extended to 2009. A two year return-in-service agreement will ensure students have a job in the health profession on PEI when they complete the training.

Internationally Educated Health Professionals (IEHPs) Atlantic Connection

The PEI Department of Health, along with the Nova Scotia Department of Health and the New Brunswick Department of Health, is undertaking an initiative aimed at understanding the services offered to Internationally Educated Health Professionals (IEHPs), their satisfaction with these programs and what might be done to retain these essential professionals.

Currently there are seven projects underway, including Welcome to NS & PEI for IEHPs, Bridging Program for Licensed Practical Nurses (LPNs), Environmental Scan and Gap Analysis - International Medical Graduate (IMG)/IEHP Continuing Education, Web Portal for Internationally Educated Nurses (IENs), Orientation to the Canadian Health Care System, Assessment Centre for IENs and Bridging Programs for IENs. Additionally, four new projects were approved for funding in 2006/07, including Recent Immigrants to PEI: Stories & Voices from Health Care Professionals, IEHP Integration Framework, Clinical Assessment for Practice Program Physician Orientation and PEI Assessment - Orientation - Referral Project.



PEI Health Professional Registration Database Project

The PEI Health Professional Registration Database Project provides a number of health professional associations with the capability to electronically capture and manage registration data and provide annual information to the Department of Health to assist in human resources planning. There are 15 professional associations participating in this project.

Musculo-Skeletal Injury Prevention Strategy for Health Care Workers

The Musculo-Skeletal Injury Prevention (MSIP) Strategy for Health Care Workers was a Healthy Workplace Initiative funded by Health Canada as part of the Pan-Canadian Health Human Resources Strategy. The project started in October 2005 with the hiring of a project coordinator and ended March 31, 2007. The project's objectives were to (1) enable provincial health care services to progress and expand their present MSIP programs, and to (2) develop provincial strategies, standards and resources in regards to MSIP. The project was guided by a multi-disciplinary Provincial MSIP Advisory Committee.

The project met its objectives and established a framework for program operational excellence. Three main project recommendations were presented and approved by the Department of Health:

- 1) Create a provincial MSIP program focusing on four components of a MSIP program framework - risk assessment and control; equipment; training; and program evaluation.
- 2) Create a provincial MSIP coordinator position to lead the program.
- 3) Establish and support the coordination of MSIP programs at the site level.

Results Achieved:

Health Workforce

Long term quality and sustainability of the health care delivery system requires a sufficient supply of skilled health human resources. A variety of efforts directed toward recruitment, retention and employee wellness have been undertaken at all levels of the system.

Number of Employees

The following table shows the number of full-time equivalent (FTE) positions in the Department of Health in 2006 and 2007.

Full time equivalents (FTEs) in the Department of Health, as of March 2006 and 2007		
	as of March 2006	as of March 2007
Management	130.03	128.8
Front Line Staff	2,888.17	2,905.27
Total FTEs	3,018.20	3,034.07
Rate of increase over prior year	—	0.5%

Source: PEI Department of Health, Human Resources

- There was a slight increase in the number of FTEs for front line staff from March 2006 to March 2007 and a slight decrease in the number of FTEs in management.

Employee Sick Hours

Sick leave usage is related to a variety of factors. For instance, collective agreements (articles utilize sick leave balances for medical appointments and addictions treatment), organizational culture and staffing issues can all contribute to increases or decreases in the usage of sick time. The following table presents sick leave utilization in the Department of Health for 2005/06 and 2006/07.

Long term quality and sustainability of the health care delivery system requires a sufficient supply of skilled health human resources.

Sick leave utilization in the Department of Health, 2005/06 to 2006/07

	2005/06	2006/07
Total Hours	7,521,178	6,957,205
Total Sick Hours	280,324	279,279
Sick hours as a percentage of total hours	3.7%	4.0%
Average number of sick days per year used per FTE*	12.4	12.3

Source: PEI Department of Health, Human Resources

- * FTE is "full time equivalent" and refers to full-time hours which is 1950 hours per year.
- The average number of sick days between 2005/06 and 2006/07 remained relatively constant. This average is in line with national averages.

Statistics indicate that health care has an increased incidence of employee absence compared to other industries. In 2004, full-time employees in health occupations lost an average of 12.8 days of work due to illness or disability per year in Canada, compared with 7.4 days lost by employees in all other occupations (CIHI, 2005). Many factors contribute to this including the aging employee population and the 24 hour shift environment.

Workers Compensation Board Claims

Workers Compensation Board claims, 2003/04 to 2006/07*

	2003/04	2004/05	2005/06	2006/07
Claims Filed	401	379	345	442
Time Loss Claims	142	115	97	84
Days Lost	5,643.87	4,569.72	4,043.8	1,941

Source: Workers Compensation Board, PEI

- * Includes both the Department of Health and the Department of Social Services and Seniors.
- The number of time loss claims filed and the number of days lost have both decreased over the last four years.
- The number of days lost between the periods 2003/04 and 2006/07 decreased by 66 percent.

- This is consistent with the decrease in the overall number of time loss claims throughout the province.

Recruitment and Retention

Attrition Rates

For the twelve month period ending December 31, 2006, the rate of attrition for Department of Health permanent employees was approximately 5.5 percent. In summary, 231 permanent employees exited the system during that one year period for the following reasons: retirement, including voluntary and early retirement (46.8 percent); resignation (43.7 percent); and other reasons, including secondment completed, health reasons, death, etc. (9.5 percent).

Health Professionals

The number of health professionals per population of 100,000 is an indicator used provincially and nationally to monitor and compare trends.

Health professionals, number per 100,000 population: 2003-2005

	2003		2004		2005	
	Canada	PEI	Canada	PEI	Canada	PEI
registered nurses	760	994	769	1,000	776	1,044
licensed practical nurses	199	448	198	456	200	439
general practitioners / family physicians	97	88	97	95	98	89
specialist physicians	91	54	92	57	93	55
pharmacists	87	108	89	110	91	116
dentists	58	44	57	47	58	45
physiotherapists	49	38	49	37	49	35
occupational therapists	33	25	34	25	35	24
dental hygienists	53	49	55	36	57	42
chiropractors	21	6	21	6	22	6
optometrists	12	11	12	11	12	13
dietitians	24	44	24	44	25	46

Source: CIHI Health Indicators 2005 - 2007

- In 2003, 2004 and 2005, the number of registered nurses, licenced practical nurses, pharmacists and dietitians per 100,000 population on PEI was higher than comparable national rates. In fact, the PEI rate for licensed practical nurses was more than twice the national rate.
- PEI had a lower number of health professionals per 100,000 population when compared nationally for physicians, dentists, dental hygienists, physiotherapists and occupational therapists. It is important to note, however, that Islanders receive some services, such as medical specialist consults, out-of-province. Thus, while the number per 100,000 of some health professionals may be lower on PEI than elsewhere, Islanders may still have appropriate access to these services, but on an out-of-province basis. In addition, these figures are affected by provinces that have training schools/educational institutions; therefore, in some provinces figures are falsely high when compared to PEI.

Physician Recruitment Success

All provinces are experiencing physician shortages in both family medicine and specialty areas. Vacancies in the physician complement, whether in family medicine or a specialty area, affect services to the general public. The province is responding to the issue of physician shortages and vacancies in the physician complement through ongoing recruitment efforts.

The following table reports on the total physician complement and number of positions filled within that complement for 2005 to 2007. The physician complement is the total number of allowable positions for physicians in PEI.

... the number of registered nurses, licenced practical nurses, pharmacists and dietitians per 100,000 population on PEI was higher than comparable national rates.

Physician complement and filled positions, PEI: 2005 - 2007

Physician practice area	as of March 2005		as of March 2006		as of March 2007	
	complement	filled*	complement	filled*	complement	filled*
Family Practice	81.6	78.9	84.6	79.1	84.6	82.1
Family Practice-Other**	-	-	-	-	24.5	20.6
Specialists	113.5	104.4	112.5	104.6	100.8	93
TOTALS	195.1	183.3	203.1	183.7	209.9	195.7

Source: PEI Department of Health, Medical Programs

- * Filled positions reflect full-time equivalent permanent positions which could be filled by permanent physicians or locums.
- ** Family Practice-Other consists of the following: Addictions, Geriatrics, Hospitalist, Medical and Radiation Oncology Clinical Associates, Pain Clinic, and Palliative Care Physicians. In previous years, these were included under Specialists.
- The physician complement on PEI increased by more than 14 positions (7.6 percent) from March 2005 to March 2007 (195.1 to 209.9).
- More physicians are working in PEI than in 2005. The number of FTE physician positions filled has increased from 183.3 in 2005 to 195.7 in 2007 (6.8 percent).
- The alternate payment model for physicians has enhanced recruitment and made coming to PEI more attractive. This has helped PEI to stay competitive with the other provinces.

Nurse Recruitment

Registered nurses comprise the largest group of health care providers on PEI. The PEI Nursing Recruitment and Retention Strategy was implemented to address the pending shortage of registered nurses (RNs) in the province and to ensure an adequate supply over the long term. The strategy includes the Bachelor of Nursing (BN) Sponsorship Program and the BN Summer Employment Program. The following table reports on participation and uptake in these programs from 2003/04 to 2006/07.

Registered nurses comprise the largest group of health care providers on PEI.

PEI Nursing Recruitment and Retention Strategy, 2003/04 to 2006/07

	2003/04	2004/05	2005/06	2006/07
Number of BN sponsorships (for 3 rd and 4 th year)*	127	77	32**	71
Number of students in BN Summer Employment Program	77	78	n/a***	63

Source: PEI Department of Health, PEI Nursing Recruitment and Retention Strategy

- * The number of student sponsorships represents the total number of years of return-in-service agreements.
- ** During 2005-06, the sponsorship was suspended for one year; Government committed to sponsoring the 32 students in their 4th year of study (nursing students with sponsorship who completed their 3rd year).
- ***During 2005-06, the BN Summer Employment Program was suspended for one year.
- Between 2003/04 and 2006/07, 307 sponsorship years were provided to nursing students through the BN Sponsorship Program.

4. Health System Efficiency, Effectiveness and Innovation

Key Strategies & Initiatives

Electronic Health Record / Clinical Information System Project

The (interoperable) Electronic Health Record/Clinical Information System (iEHR/CIS) Project will deliver an electronic clinical information system to all hospitals and four community health centres in PEI. The iEHR/CIS is comprised of an integrated suite of Cerner Canada applications including Charting, Orders, Laboratory, Pharmacy, Emergency, Surgery, Registration, Health Records and Patient Scheduling. Benefits of the iEHR/CIS include: improved secure access by clinicians to patient information, improved patient safety, reduced duplication of tests, improved service efficiencies, supports health accreditation clinical requirements and improved recruitment and retention of staff.

Capital funding for the project was secured through several partnerships, including the Canada Medical Equipment Fund, Canada Health Infoway, the Hospital Foundations and the Province. Preparation for the iEHR/CIS Project began in September 2005 with the development of a provincial project structure comprised of representatives from each hospital and the project was officially initiated in January 2006. The iEHR-CIS will be implemented in multiple phases. Phase 1, occurring April to June 2008, will deliver the following solutions to all hospitals: Registration, Patient Scheduling, Health Records, Labs (General Lab, Microbiology, Anatomic Pathology and Blood Bank), Pharmacy, viewing of Lab and Diagnostic Imaging results and Nursing Documentation of Vital Signs. The remaining applications and functionality will be implemented in subsequent phases throughout 2008 and 2009.



The (interoperable) Electronic Health Record/Clinical Information System (iEHR/CIS) Project will deliver an electronic clinical information system to all hospitals and four community health centres in PEI.

Drug Information System

The Prince Edward Island Department of Health, in collaboration with the Department of Social Services and Seniors and Provincial Treasury Information Technology Shared Services (ITSS), is implementing Canada's first province-wide Drug Information System (DIS) in all Island pharmacies. The DIS will capture information on all prescription drugs dispensed to Island residents and provide pharmacists, physicians, and other health care professionals with access to important information on their patients' medications.

The DIS will reduce the potential for harmful drug interactions, prescription errors and adverse reactions. It will eliminate the need for patients to repeat their medication history at each encounter with a pharmacist or physician. The system will enhance patient care by promoting the partnership between health care professionals.

The *Pharmaceutical Information Act* was proclaimed in March 2007 and establishes how patient information is to be collected, accessed, and used in the Drug Information System. The *Pharmaceutical Information Act* and associated Regulations contain many provisions that will safeguard patient information and ensure that patient privacy is protected. All pharmacists will be required by the Act to record all prescriptions filled for residents of PEI in the new DIS beginning January 1, 2008.

PEI Pandemic Influenza Contingency Plan

The PEI Pandemic Influenza Contingency Plan for the Health Sector was released in December 2006.

The PEI Pandemic Influenza Contingency Plan for the Health Sector was released in December 2006. The plan outlines a number of strategies to deal with pandemic influenza including the use of public health measures such as public education, closing schools and limiting indoor public gatherings, infection prevention and control, vaccination of the population, the use of antiviral medications, and maximizing human resource capacity through the development of essential service plans and business continuity plans. The aim in a pandemic influenza is to reduce the impact of the illness on the health of Islanders as well as to minimize societal disruption.

This plan is a revision of PEI's 2002 plan and is closely aligned with the 2006 Canadian Pandemic Influenza Plan for the Health Sector, which is a national collaborative effort between the provinces and territories and the Public Health Agency of Canada. The PEI plan lays the ground work required to move to the next step, the operational phase, which is currently in development and includes training and education of staff.

Vital Statistics First Annual Report

In November 2006, the Prince Edward Island Vital Statistics Program released its first Annual Report. The information presented in the report is based upon the legislated requirement for the registration of vital events which occur in the province for residents and non-residents. The *Vital Statistics Act* requires that all births, deaths, stillbirths and marriages be registered with Vital Statistics. The *Marriage Act* and *Change of Name Act* are also administered by Vital Statistics. This report includes events that occurred in the calendar year for 2005 within the January to December time frame. The report provides valuable information for health researchers and planners in determining the health status of Islanders and ultimately the services that will be provided for that population.

Community Health Service Needs Assessments

During the fall of 2006, Community Health Service Needs Assessments were conducted for communities accessing services at each of the seven hospitals in PEI. Local community partners, stakeholders and the general public were invited to attend these sessions. The objectives for the sessions were: 1) to determine the health needs and priorities at the community level; 2) to provide information to support the Community Hospital Authority Boards in their business planning; and 3) to provide information to support the Department of Health in its long term planning.



In summary, four common themes emerged through the consultations: 1) recruitment and retention of health care professionals; 2) access to addictions and mental health services, especially in rural areas; 3) continuity of care, especially for seniors; and 4) healthy living and disease prevention. Community Hospital Boards have used these findings in their business planning process and the Department of Health is using this information to support the development of a health system strategic plan.

Privacy Manual - Protection of Personal Information Policies

The Protection of Personal Information policies were developed by the Health Information Committee in 2006/07. The Department of Health has a great deal of personal information of Islanders in its custody and Islanders have a right to know that their information is secure. As well, the *Freedom of Information and Protection of Privacy Act* prescribes that the department protect personal information in its custody. With restructuring from the former Department of Health and Social Services and five regional health authorities to the current Department of Health, it was important to develop policies that were provincial in nature.

The Health Information Committee was chartered by Health Management Committee in June 2006. The Health Information Committee consisted of a group of employees from all program areas across the health system and the committee met on a monthly basis from July 2006 to March 2007. The Protection of Personal Information policies were approved by Health Management Committee in March 2007.

Education for Department of Health staff on the policies will take place from Fall 2007 to Spring 2008.

Employee Survey

In November 2006, the Department of Health conducted its first employee survey since the 2005 restructuring from the former Department of Health and Social Services and five regional health authorities. Results of employee surveys assist the department in identifying areas for improvement and are factored into divisional and departmental planning.

Previous employee surveys have been conducted; however, the results from past surveys were not comparable to the 2006 survey for various reasons. Not all surveys had the same questions, different rating scales were used, and the way the surveys were analyzed varied. Results from the 2006 survey will be compared to the results of future surveys. The next Department of Health employee survey will be conducted in the Fall of 2008.

Results from the 2006 survey were reported as rates. A rate is the degree to which staff are satisfied with a particular aspect of their work. For example, staff are 80 percent satisfied with coming to work. To interpret this, it means staff are fairly satisfied with this statement, but there is still some room for improvement. It doesn't mean that 80 percent of staff are satisfied with this statement and 20 percent are not satisfied.

The 2006 survey had eight content areas and the overall provincial results are as follows:

Department of Health 2006 Employee Survey Provincial Results	
Overall Satisfaction Rate	70%
Job Satisfaction	80%
Work Environment	70%
Communications	67%
Teamwork	70%
Work Load	70%
Training and Development	71%
Supervision	71%
Leadership	64%
Overall, I am satisfied with my job	76%

Results of employee surveys assist the department in identifying areas for improvement and are factored into divisional and departmental planning.

Utilization Profile

The Utilization Profile was created in the Spring of 2006 to meet the need for monthly utilization data by the administrators and nurse managers at the hospitals. Originally only basic data was included for the two referral hospitals, including admissions, discharges, occupancy and length of stay for each unit and overall for the Queen Elizabeth Hospital and the Prince County Hospital. Data for the community hospitals has since been added as well as data around specialized areas such as Oncology. The data is generally presented in labeled graphical format so trends are easy to identify over the year. Historical trending information is also available to identify unusual circumstances and to plan accordingly.

One of the big advantages to the Utilization Profile is that there is one central source of data that is automatically updated and easy to access. Printed material has an inherent disadvantage in that there may be more updated information elsewhere; whereas, this approach ensures that this is the most up-to-date information available. In the future the profile will continue to expand into primary care and more acute care areas such as diagnostic imaging and physical medicine statistics.

Policy and Procedure Manual

In 2006, the Department of Health established a new policy framework for the health system, which included an electronic Departmental Policy and Procedure Manual. This manual is available electronically for all staff, and provides a single location for policies and procedures which are provincial in scope. Work is underway to integrate existing as well as newly approved provincial policies and procedures into the manual.

Results Achieved:

Health System Efficiency, Effectiveness and Innovation

Health System Expenditures

PEI Health System program expenditures (in current dollars and reported in millions), 2002/03 to 2006/07*

	2002/03	2003/04	2004/05	2005/06	2006/07
health care expenditures	\$311.4 M	\$324.4 M	\$326.7 M	\$334.9 M	\$344.4 M

Source: PEI Department of Health, Finance and Administration, 2007

- * These numbers have been adjusted retroactively from previous annual reports to reflect the move of Provincial Pharmacy from health expenditures to social services expenditures.
- In 2006/07, the provincial government spent \$344.4 million (net of \$9.3 million of hospital based revenues) on the delivery of health care.
- For the five year period between 2002/03 and 2006/07, health system spending increased by \$33 million or 10.6 percent.

Health System Costs Per Capita

PEI Health System costs per capita (in current dollars): 2002/03 to 2006/07*

	2002/03	2003/04	2004/05	2005/06	2006/07
health care costs per capita	\$2,273	\$2,355	\$2,371	\$2,425	\$2,486

Source: PEI Department of Health, Finance and Administration, 2007

- * These numbers have been adjusted retroactively from previous annual reports to reflect the move of Provincial Pharmacy from health expenditures to social services expenditures.
- In 2006/07, average cost per capita for provincial government spending for health care on PEI was \$2,486.



In 2006/07, the provincial government spent \$344.4 million (net of \$9.3 million of hospital based revenues) on the delivery of health care.



- For the five year period between 2002/03 and 2006/07, per capita costs for health care increased by \$213 per capita or 9.4 percent.

Legislative Responsibilities

Legislation administered by the health system for which the Minister of Health is responsible:

*Adult Protection Act
Change of Name Act
Chiropractic Act
Community Care Facilities and Nursing Homes Act
Community Hospital Authorities Act
Consent to Treatment and Health Care Directives Act
Dental Profession Act
Denturists Act
Dietitians Act
Dispensing Opticians Act
Donation of Food Act
Health Services Act
Health Services Payment Act
Hospital and Diagnostic Services Insurance Act
Hospitals Act
Human Tissue Donation Act
Licensed Practical Nurses Act
Long-Term Care Subsidization Act*
Marriage Act*
Medical Act
Mental Health Act
Occupational Therapists Act
Optometry Act
Pharmaceutical Information Act*
Pharmacy Act
Physiotherapy Act
Provincial Health Number Act
Psychologists Act
Public Health Act*
Registered Nurses Act
Smoke-free Places Act*
Tobacco Sales and Access Act*
Vital Statistics Act
White Cane Act*

*Changes to Act or regulations in 2006/07.

NOTE:

There are two other statutes that are private member's bills, not in the province's official consolidation, but are considered to be within the responsibility of the Health Ministry:

Dental Technicians Association Act

Funeral Directors and Embalmers Association Act

Legislative Changes

Acts

- The *Act to Amend the Marriage Act* received Royal Assent on December 15, 2005. The amendments provide for marriage commissioners' licenses and wording of pronouncement at the end of the civil ceremony was changed to comply with the new federal definition of marriage. The amendment came into force (became law) May 20, 2006.
- The *Act to Amend the Tobacco Sales and Access Act* received Royal Assent on December 15, 2005. The amendments concern the ban of display, advertisement and promotion of tobacco in retail premises; exception for tobacconists. This amendment came into force January 1, 2006, except for sections 4 and 5 which came into force June 1, 2006.
- The *Act to Amend the Public Health Act* received Royal Assent and came into force on December 15, 2006. This amendment provides special powers and provisions in the event of a public health emergency such as a pandemic.
- The *Act to Amend the Long-Term Care Subsidization Act* received Royal Assent on December 15, 2006. Through these amendments, the need for financial assistance is now determined based on income only, not assets; subsidized cost of care no longer accumulates as a debt to government that could be recovered from the resident's estate and only financial assistance obtained fraudulently or in excess of eligibility is recoverable; and residents no longer pay for health care costs. These amendments came into force January 1, 2007.
- The *Pharmaceutical Information Act* received Royal Assent on December 20, 2000. This legislation establishes a computerized drug information system linking pharmacies, physicians offices and other health care facilities to a database of medication profiles of their patients. This Act came into force March 31, 2007.



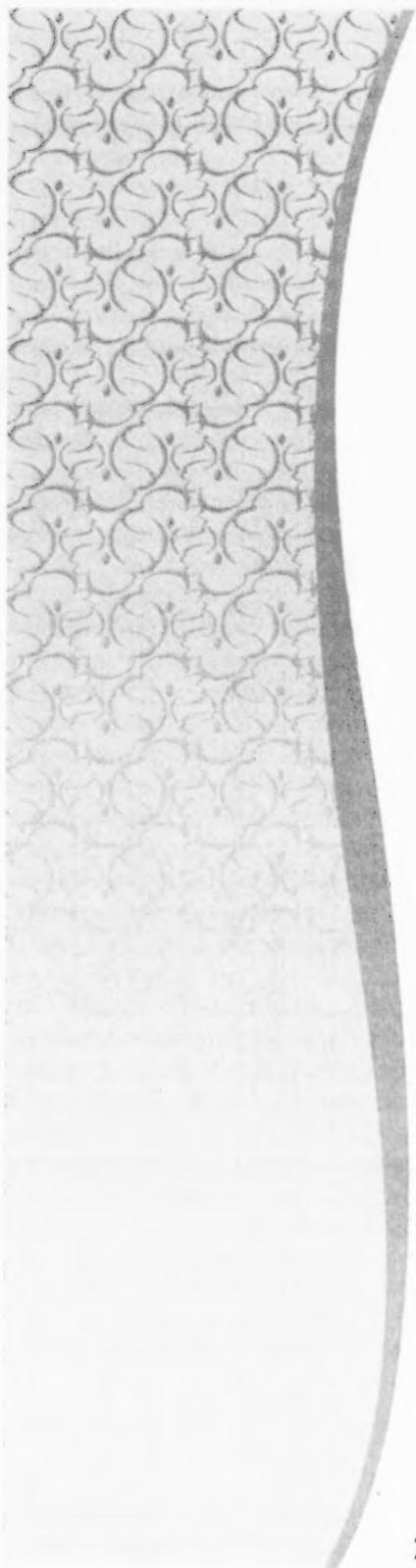
Regulations

- The regulations under the *Marriage Act* were amended to add requirements for marriage commissioner's licences and prescriber fees. This amendment came into force May 20, 2006.
- Amendments were made to the regulations under the *Tobacco Sales and Access Act* corresponding to amendments in the Act regarding product display and signage. These changes came into force June 1, 2006.
- The regulations under the *Smoke-free Places Act* were changed to clarify that the terms "elementary, intermediate or secondary school" and "hospital" include the surrounding grounds and any other buildings on the grounds. This amendment came into force July 1, 2006.
- Amendments were made to the regulations under the *Long-Term Care Subsidization Act* corresponding to amendments in the Act, including eligibility for financial assistance is now based on "assessed income" which is the applicant's net income on the previous year's tax form minus certain types of exempt income. The amendments also allow for the Director to refuse financial assistance where the applicant transferred or reduced income during the past two years for the purpose of qualifying for financial assistance. These amendments came into force January 1, 2007.
- The regulations under the *Pharmaceutical Information Act* came into force March 31, 2007 except for sections 8 and 9. These regulations set out the role and procedures of the Advisory Committee; rules regarding the disclosure of program information; rules for pharmacists and participating prescribers; and prescriber fees and forms.

Appendix A

Summary of Expenditures

	<u>2006/07 EXPENSES</u>	<u>2006/07 ESTIMATES</u>
	\$	\$
Corporate Services	5,539,142	5,612,300
Financial Services	6,935,888	6,350,400
Population Health	3,316,284	3,045,200
Medical Programs	97,441,510	96,533,300
Provincial Acute Care		
Queen Elizabeth Hospital	88,773,299	90,771,400
Prince County Hospital	34,866,835	34,524,900
Hillsborough Hospital	9,413,081	9,180,900
Community Hospitals		
Western Hospital	4,623,894	4,365,900
Community Hospital	4,386,123	4,253,100
Stewart Memorial Hospital	2,347,594	2,209,400
Kings County Memorial Hospital	6,044,407	6,015,600
Souris Hospital	<u>3,943,559</u>	<u>4,052,500</u>
Community Hospitals Total	21,345,577	20,896,500
Provincial Homes and Manors	41,510,011	40,324,200
Home Care and Support, Dialysis	10,430,486	10,937,100
Private Nursing Homes	9,724,732	9,113,600
Primary Care	23,725,896	25,388,100
Health Informatics	<u>634,523</u>	-
TOTAL DEPARTMENT OF HEALTH	<u>\$ 353,657,264</u>	<u>\$ 352,677,900</u>



Appendix B

Revenue Summary

	<u>2006/07 EXPENSES</u>	<u>2006/07 ESTIMATES</u>
Department of Health - Revenue	\$ 23,059,287	\$ 21,745,600
Department of Health - Expenditures	<u>353,657,264</u>	<u>352,677,900</u>
Net Ministry Expenditure	<u>\$ 330,597,977</u>	<u>\$ 330,932,300</u>